FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decision, please execut, the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the incidence. Page 4 that "Se forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refolhed for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Beard of Health, at its designated agent, prior to buriol, cremation, at removal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	-baya-					MEN. MIN.	10.
I. PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceos	ed lived. If institu		perfore admission)
	Allegany	MARYLAND	All	egany	B. COUNT	Mary	land
b. CITY OR TOWN and give negres) for	(If autside carporate fimils, write RURAL an)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	porote limits, write	RURAL and give	nearest town)
Frostbur			A STATE OF THE PARTY OF THE PAR	berland			
	ITAL OR INSTITUTION (If not in I	-	d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	Hospital, D.	O. A.	801	Hillto	p Drive	1.7	YES NO X
3, NAME OF DECEASED (Type or print) H:	rank J	Middle	Beachlev	4. DATE OF DEATH	June	28	Yeor 19 58
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED B	DATE OF BIRTH		9. AGE (In years loss birthday)	IFUNDER TYEA	
Male	White WIDOV	VED DIVORCED	11-29-88		69 yrs.	Months Days	Hours Min.
On USUAL OCCUPAT	ION (Give kind of work done 10b	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	ote or foreign o	- A	12. CITIZEN	OF WHAT COUNTRY?
Conduct	ing life, even if retired)	eam Railroad	Somerse	t Co.	Pa.	US	A
IJ. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			3
Ira	Beachley		Rebecc	a Que	r		
15. WAS DECEASED E	VER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	NFORMANT			H411	Top Driv
NO NO. er unknown)	(If yes, give war or dates of service)	M	rs. Annie	Beach		nberlan	
	ATH [Enter only one couse per li	ne for (o), (b), and (c).]				INT	FERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	uptured Liver	Crushe	d Ches	st		30 Min.
8257							
Conditions, if	ony, which) (b) A	utomobile Acc	ident				
gave rise to imm	ediote couse						
(o), stelling the	underlying (c)						
Z PART II, O		CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TER	MINAL DISEAS	CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY
2							PERFORMED?
PART II. O' 200. EXTERNAL CO PRIMARY III or CO CAUSE OF DEATH	AUSE WAS DESCRIPTION OF A	RIBE HOW INJURY OCCURRED. (E. utomobile Acc		Port or Port }	of item 18.)		
3 20c. TIME OF INJ		d, INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, fo	em, 20f. (City	or lown)	(County)	(Stote)
Hour #	6/28/58, W		treet, office bldg., o	Nes	ar Cumbe	erland.	Alleg.Md
		e remains described aba	ve. held an Autor				
		I causes . Accident [_		
apiman dean	resoried trains: Addition	cooses [], Accident	A Suicide [],	riumicide	, Undete	rmined mans	ner [_]
ACTUAL	12 16+	- 111	CHIEF MEDICAL	EVALUNES (**)			DATE SIGNED
SIGNATURE	DI SELIA	une	m.D.	_	. —		
EXAMINER'S NAME (Type)	B. Skitarel	ic, M.D.	ASSISTANT MEDICA			28, 19	58
220. BURIAL, CREMAT	ION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	72d. LOCA	TION (City, town,	or county)	(State)
Burial	7-2-58	Beachdale		R. D. 1	Garrat	t Some	rset.Pa.
23. FUNERAL DIRECTO		ADDRESS	24g. RE	C'D BY REGIST		TRAK'S SIGNATI	
2171	(Information	Barlin, Pa	DATE	THE 2	'58 PM	cherue	la
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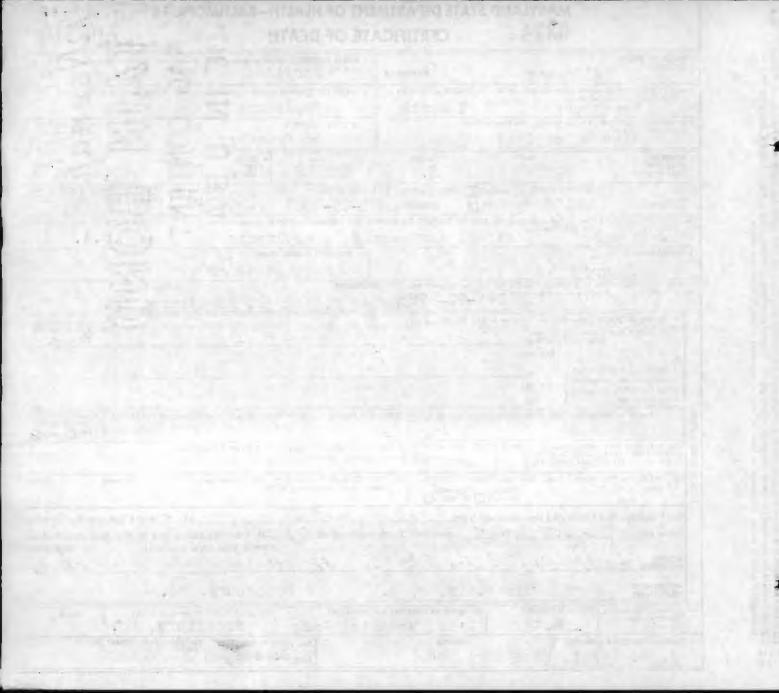
m marketic ringer man 1, v. v. v. e. -80% Hill co briva . .00 154 74 75 757 and the state of t Tess Esolution Manager 2 mil to the fragmentation of the state of t А

,		LACE OF DEATH	Allegany		MARYLAND	2. USUAL RESIDENCE (M	there deceased li	b, COUNTY	×	fore admiss	ion)
		RURAL and give ne	stburg	1	or of stay in 16 month	c. CITY OR TOWN (IF		e limits, write R	URAL and give o	earest lowr	n)
61	_ '	OR INSTITUTION	AL (If not in hospital, give ers Hospit			d. STREET ADDRESS 56 B1	coadway	7			FARM?
	-	NAME OF DECEASED Type or print)	MARIE MARIE		Middle H •	BENDER	4. DATE OF DEATH	JUNE	25,	Day	Yeor 58
	s. s	ex Cemale	6. COLOR OR RACE 7.	MARRIED I	DIVORCED DIVORCED	B. DATE OF BIRTH 1-25-1901	9.	AGE (In years lost bigthday) yrs.	Months Days		ER 24 HRS. Min.
	10o	during most of work Waltres	ine life aven if retired)			ant Pennsy	-	ntry)	U.S	of WHAT	COUNTR
	13.	FATHER'S NAME		•		14. MOTHER'S MAIDEN					
			ATCLY IN U. S. ARMED FORCE: If yes, give war or dotes of service	57 16. SOCIAL	SECURITY NO. 17. 1	U	Stutzma	Add	ress A M A		
			TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per line for (o), (b), and (c).)	12/18		/	111	ITERVAL BE	DEATH
	10	Conditions, if or gove rise to in couse (o), stoting I lying couse lost.	nediate DUE TO	CONTRIBUTE CONTRIBUTE	WING TO OSATU BUT	•					
Ø	CATIO				NUNE				'tN IN PART 1(0)	PERFO	RMED?
	L CERTIFI	OR CONTRIBUTING	S UNDERLYING 1 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II	of item 18.)			
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.			OCCURRED 20e. PL	ACE OF INJURY (Home, for clary, street, office bldg., et	m. 20f. (City or	town)	(Count	r)	(State)
		21. I certify the alive an	at I attended the de		, and that death	accurred at 5731	ADDRESS (Street	the causes o	and an the d	ate state	
1		PHYSICIAN'S NAME (Type)	Martin Ro		n, M. D.	Fı	rostbur				
]	Burial (Specify)	6-28-58	F		rial Park	Fr	ostbur	g, Md.	(Slot	e)
1)	23.	J. R. D			ODRESS	24a. REC	UN 3 0 '58	R 2 5 REGI	STARS SIGNAT	YRE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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	ctor,	Sale of the sale o	
	CIRECTOR: After this certificate has been signed by the attending physician and campletely filled in y the funeral director.	old be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	1
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ned by the haspital or attending physician.	Iffe	pa	prior to buriol, cremation, ar remayal, and in any event within 72 hours after death.
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P P	REC	pe	ior
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1				CERTIFIC	ATE OF DEAT	П	Reg. Dist.	No.
1	1. PLACE OF DEATH	F04494			2. USUAL RESIDENCE (V			before admission)
		EGANY		MARYLAND	WEST	VIRGINIA		SHIRE
	RURAL and give	(If outside corporate lin		LENGTH OF STAY IN 16			nits, write RURAL and give	re nearest town)
		TAL (If not in hospite),		26 DAYS	d. STREET ADDRESS	N SPRING	85 X-	5
0	OR INSTITUTION	MEMORIAL H		,	G. SIKEEL ADDKESS			ON A FARM
	3. NAME OF DECEASED (Type or print)	HAR		Middle R.	BIDENGER	4. DATE OF DEATH	JUNE 28	Day Year
	5. SEX			NEVER MARRIED		9. AGI	hard the same of t	YEAR IF UNDER 24 H
1	MALE	WHITE	WIDOWED [DECEMBER 15	9	yes.	
	during most of wo	ION (Give kind of work rking life, even if retire	c done 10b. KINI d)	D OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (SIGN	BY, W. VA.		I. S. A.
	13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
		BIDENGER				CRAWFORD		
	15. WAS DECEASED EV [Yes, no. or unknown]	ER IN U. S. ARMED FO	RCES? 16, SQC service)	TIAL SECURITY NO. 17.	INFORMANT		Address	
					MEMORIAL HOS	PITAL -	CUMBERLAND	MD.
		ATH Enter only one		(o), (b), and (c).	hookyit	3 . 70 11	Maria	INTERVAL BETWEEN
	F G C	ATH WAS CAUSED BY:		Utomic	regiona	2 min h	ioma.	OTTO TATE OF A
	2 (4)	DUE T	0					
	Conditions, if		(b)					
	couse (a), stating	the under- DUE To	0					
	lying couse lost	+ //	(c)			1		
0	NOIL PAI II. O	THE SIGNIFICANT COL	MOITONS COM	IRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERM	MINAL DISEASE COND	SITION GIVEN IN PART 1	PERFORMED?
-	3 ANDA	AS UNDERLYING	1304 DESCRIPTION	JUNE 1	my-sec	grany		YES NO
	OR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)	200. DESCRIBE	E HOW INJUST OCCUR	tED. (Enter noture of injury in	Fort I or Part It of the	em 18.)	
	3 20c. TIME OF INJU			Y OCCURRED 20e. F	DIACE OF INDIABA MAN A	l none serie		
	Hour a.m.	19	While	Not while	PLACE OF INJURY (Home, for octory, street, office bldg., et	m, 120t. (City or low)	n) (Cou	unity) (Sto
		17	of work	of work	- 9	100	9	
	21. I certify	hat I attended the	e deceased		1920, 10	2-50-		st saw the dece
	olive on	0-50-16	f)1970	and that deol	h occurred of 0:00	P.M. from the	causes and on the	gote Stated ab
	ACTUAL H	much	70	Na	1075 200	ADDRESS STURY, cit	por town, (tote)	DATE SIG
1	SIGNATURE	CO WIND	1	week.	M.D. 2-21 CE	JACKAN.	COMPOUN	1. 10
	PHYSICIAN'S	DD time.		*		1		11 -1
	NAME (Type)	DR. HOWA		OLSON				
	REMOVAL (Specify	ON, 226, DATEATHERE	OF 22	NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (C	ity, town, or county)	(Stote)
	170mi21	10014		phingtie	2/4 ///	Springs	iel4	N-12
	23. FUMERAL DIRECTO	CS STGNATURE //	1	ADDRESS /	260. REC	D BY REGISTRAR	24b. REGISTRAR'S SION	ATURE
	2000	1 /11	7	P	elles DATE NA	1 7 158	1919 h estuce	1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5375 CERTIFICATE OF DEATH

06317

I. PLACE OF DEATH		2. USUAL RESI	DENCE (HOME) OF D	ECEASED	
COUNTY Allegany	MARYLAND	STATE Md	COUNTY		any
CfTY (If outside corporate limits, write RURAL OR and give neerest lown)	(in this place)	OR	corporata limits, write RURAL	and give naerast tow	n}
TOWN Westernport		WE TOWN W	esternport		
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	[If rural gi	ive location)	
STREET ADDRESS Main St			Main St.		
3. NAME OF (First) DECEASED	(Middla)	(Last)	OF	onth) (Day)	(Yaer)
(Type or Print) Rose	L. Brod	erick		June 5	19 58
S. SEX 6. COLOR OR 7. SINGLE, M	, DIVORCED,		9. AGE lest birthday	Months Days	
Female White Widow		12. 1879	78 yrs.		Thous Min.
dona during most of working life, even If	OR INDUSTRY	11. BIRTHPLACE (State or	r foreign country)		ZEN OF WHAT
	n home	W.Va.		U.S	
13. FATHER'S NAME		14. MOTHER'S MAI	DEN NAME		
George M. McWilliam	15	Virg:	inia Whiteh	air	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yas, no, or unk.] (If Yas, give war or dates of service)	16. SOCIAL SECURITY NO.	17, INFORMAN	T & ADDRESS		
				-	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	ATH OLD MEDICAL CE	RTIFICATION	1 11.00	I. / IN	TERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	ATH Chronie M	Accordities 3	and Myocard	hal on	TERVAL BETWEEN NSET AND DEATH
	ATH Chronie M	Specified	as Rhauma	tial on	
ANTECEDENT CAUSE(S) DUE TO	ATH Chronie M	specified	as Rhainna	trad on	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	18. MEDICAL CE ATH Chronie M Generatum Not	specified	as Rhauma	lial on	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	18. MEDICAL CE ATH Chronie M Concratum Not	specified	as Rhauma	Hall on	
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ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Pulmona	specification, 400 orditis is specified by Eleman		hal of	NSET AND DEATH YOURS
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	art Chronie M	specified		1 de 3	Day 20. AUTOPSY?
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19-B. DATE OF OPERATION 19-B. MAJOR FINDIN 21-B. ACCIDENT WAS UNDERLYING 21-B. PLACE (III) OR CONTRIBUTING CAUSE OF DEATH OF INJURY STA	Pulmona	specified	>	hal of	Day 20. AUTOPSY?
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19B. DATE OF OPERATION 19B. MAJOR FINDIN 21B. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY STM	Pulmond NGS OF OPERATION (Home, firm, fectory, eet, office bldg., etc.)	y Elema 21c. WHERE DID INJURY O	OCCUR? (City or town)	stie 3	Day 20. AUTOPSY? IS NO
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDIN 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) [Day) (Yaar) (Hour)	Pulmonal Pulmonal Post of OPERATION (Home, farm, fectory, est, offica bldg., etc.) 21s. INJURY OCCURED While Post while	specific is specified by Elema	OCCUR? (City or town)	stie 3	Day 20. AUTOPSY? IS NO
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDIN 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	Pulmond Pulmond NGS OF OPERATION Home, ferm, fectory, eest, office bldg., etc.) 21e. INJURY OCCURRED While et work at work	Y Elema 21c. WHERE DID INJURY O	OCCUR? (City or town)	(County)	Day 20. AUTOPSY? IS NO [
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING DOF INJURY STR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 22. I hereby certify that I attended the december of the contribution of the december of the december of the contribution of the december of the december of the contribution of the december of the december of the contribution of the december of t	Pulmonal Pulmonal Pulmonal NGS OF OPERATION Post office bidg., etc.) 21s. INJURY OCCURRED While of work at work at work eceased from a Kilm &	y Eclema 21c. WHERE DID INJURY O	OCCUR? (City or town) OCCUR?	(County)	Day 20. AUTOPSY? IS NO [[State]
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDIN 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	Pulmonal Pulmonal Pulmonal NGS OF OPERATION Post office bidg., etc.) 21s. INJURY OCCURRED While of work at work at work eceased from a Kilm &	y Ecemonic Specific Specified Specif	OCCUR? (City or town) OCCUR? UNC. 5, 1959 he causes and on the	(County)	Day 20. AUTOPSY? (State) aw the deceased ove.
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OF INJURY STORY OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) M. 22. I hereby certify that I attended the dalive on SIGNATURE	Pulmona Pulmona Pulmona NGS OF OPERATION Home, firm, fectory, eet, office bidg., etc.) 21s. INJURY OCCURRED While at work at work at work at work at a	y Elemonists is specified by Elemonists and survey of the specified by the	OCCUR? (City or town) OCCUR? OCCUR? No. 1959 The causes and on the IDDRESS (Street, city, town)	(County)	Day 20. AUTOPSY? IS NO (State) BW the deceased ove.
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OF INJURY SIN (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yasr) (Hour) M. 22. I hereby certify that I attended the disline on Table 1, 19 58 SIGNATURE 23. BURNAL CREMATION, 1 DATE THEREOF	Pulmona Pulmona Pulmona NGS OF OPERATION Home, firm, fectory, eet, office bidg., etc.) 21s. INJURY OCCURRED While at work at work at work at work at a	21c. WHERE DID INJURY OF 1211. HOW DID INJURY OF 1215. Ashfield S	CCUR? (City or town) CCUR? CURL 5	(County) (County) (County) (County) (County)	Day 20. AUTOPSY? IS NO (State) AW the deceased tive. DATE SIGNED 6-5-58
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDIN 21a. ACCIDENT WAS UNDERLYING OF INJURY stru (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) M. 22. I hereby certify that I attended the dealive on James 1955.	Pulmonal Pulmonal NGS OF OPERATION Home, term, fectory, est, office bidg., etc.) 21s. INJURY OCCURRED While et work at wo	21c. WHERE DID INJURY OF 1211. HOW DID INJURY OF 1215. Ashfield S	CCUR? (City or town) CCUR? CURP. 5	(County) (County) (County) (County)	Day 20. AUTOPSY? IS NO (State)

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1		LACE OF DEATH . COUNTY	Alleg	gany		MA	ARYLAND	2. USUAL RESIDEN	aryl		l lived. If institution b. COUNT	ry All	ence befor	re odmiss	ion)
/	b	. CITY OR TOWN RURAL and give	(If outside co	rporate limits	s, write	c. LENGTH OF ST.	AY IN 1b	c. CITY OR TOV	NN (If ou	tside corpoi	rote limits, write	RURAL one	give nea	rest town	1)
		Cumberl		4 - 1 - 2		3 year	rs	Cumber		1					
0		NAME OF HOS OR INSTITUTION	ullin	,		paress		d. STREET ADD		wn Ro	pad				FARMS
	0	IAME OF DECEASED Type or print)	11.7.	First	st .	Mid	dame.	Lost		4. DATE OF DEATH	-	onth 28	Da	•	Yeor 19 5
	5. 5		Hele		7. MADDIE	D NEVER MAI		B. DATE OF BIRTH			9. AGE (in year		R 1 YEAR		
		Female	Whi	ita	WIDOWED	_	RCED	Dec. 17.	187	26	last birthday	Months		Haurs	Min
	10a.	USUAL OCCUPAT	TION (Give kir	nd of work de	lone 10b. K	Nation.	Nymmet?	STRY 11. BIRTHPLAC					ITIZEN O	F WHAT	COUN
		during most of w	orking life, eve	en if retired)					_					JSA	
		HOUSEWIT	C			wn Home		Cumber 14. MOTHER'S MA			Marylan	iu]	- (JOA	
1		7 1	,	landal.							Damaham	4			
	15.1	Jacob WAS DECEASED E		lande I		OCIAL SECURITY I	NO 17 1	Christ	ine		Barnhar		- 74-	a A	
	(Yes,	no, or unknown)		or or digtes of ser	rvice)				, n			tarlir		4	7
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		PART I. D	EATH WAS CA	AUSED BY: E CAUSE (o)		for (o), (b), and	(c).]	wi					INTE	ERVAL BE	DEAT
		PART I. D	EATH WAS CA	AUSED BY:		for (o). (b), and	(c).]	nei eleter					INTE	ERVAL BE	DEAT
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TO THE REPORT OF THE PARTY OF T --- death.

ofter o

death certificate

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



15M 10/57

		MARYI 53	Item	0 " "	ATE OF DEAT			063	20
T.		LLEGANY f outside carporate limi	Is, write c. LE	MARYLAND NGTH OF STAY IN 16 8 DAYS	2. USUAL RESIDENCE (WO STATE MARYLAND C. CITY OR TOWN (IF	here deceased live	ed If institution R b. COUNTY	ALLEGANY	
	MEMORIAL	AMEMORIAL 1	OSPITAL AVES.,	3)	d STREET ADDRESS		E		RESIDENCE ON A FARM?
	NAME OF DECEASED (Type or print) SEX	LII	LLIAN	Middle P	CARPENT I	4. DATE OF DEATH	Month JUNE	22 22	Year 19 58
L	FEMALE	WHITE	WIDOWED [DIVORCED 🛣	MAY 12, 192	0 "	3738 yrs. Mo		ours Min
#	AUTH Sal	es Lady	-	ept. Sto	THE PERMIT	NO Cum	berland	U.S.A.	'HAT COUNTRY
		A BUCY			14. MOTHER'S MAIDEN I				
		R IN U. S. ARMED FOR III yes, give war or detex of v			Memorial Ho		Address		
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o		(0), (b), and (c).]	a Jur	, 2			L BETWEEN
	Conditions, if an gove rise to it couse (a), stating lying cause last.	mmediate (······································	retar	tis 6	1		92	Non
ICATION			DITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVEN II	PI VI	AS AUTOPSY REORMED?
L CERTIFI	(IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DESCRIBE F	OW INJURY OCCURR	ED (Enter nature of injury in	Part I or Port II o	f item 18)	4	
MEDICA	20c. TIME OF INJURY Have a.m. p. m.	Y Month, Day, Yea	While N	OCCURRED 20e Protot while for work	ACE OF INJURY (Hame, farm ictory, street, affice bldg., etc	n, 20f. (City or t	own)	(County)	(Slate)
	21. I certify the	ot I attended the	many many		19 7, ta_0 occurred at9:00				

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 225. DATE THEREOF

6-25-58

22c. NAME OF CEMETERY OF CREMATORY
RestLawnMemorial Park

22d. LOCATION (City. town, or county) Cumberland, Md.

(Slote)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS James F. Scarpelli Cumberland, Md.

240 REC'D BY REGISTRAR JUN 2 4 '58 DATE

246 REGISTRAS'S SIGNATURE



4	ar,	4	-
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the duath certificate be executed within 24 haurs after death. Tage 4	may be retained by the hospital or attending physician. TO FUNERAL TIRECTOR: After this cert't cate has been signed by the attending physician and campletely filled in the funeral director.	page 3 sk. be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of 2 shauld be filed-with the registral oriental premation or removed and in one seem within 22 hours referenced and in one seems of the control or the contro	-
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SPITA	De re	3 sk	
O HO	may be relatined by the hospital or attending physician. • FUNEXAT TIRECTOR: After this cert is set has been sign	poge re	
7	2		

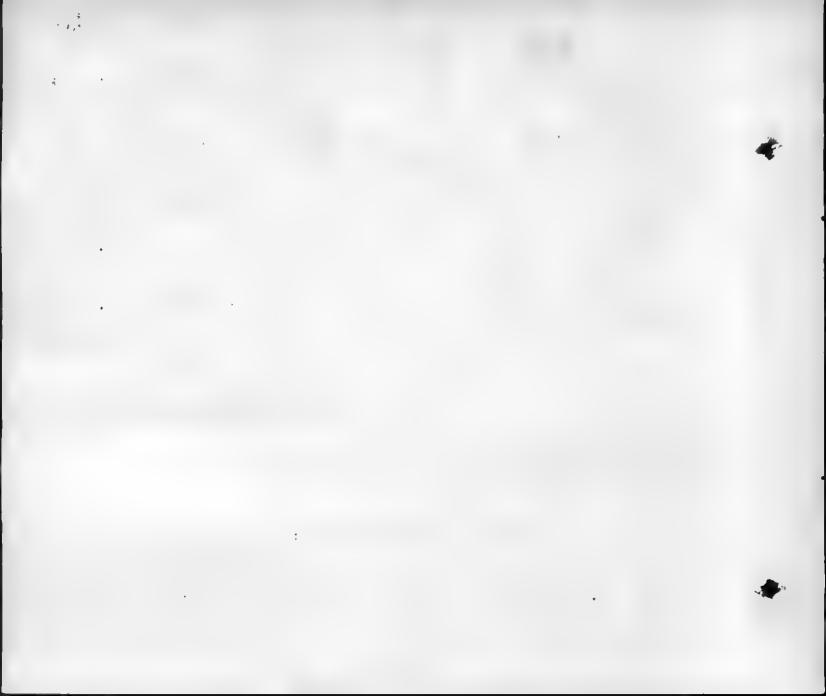
VS A15 (4) 15M 10/57

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18

CERTIFICATE OF DEATH 6324

Reg. Dist. No. 321

3 4	MACE OF DEATH	1706	-			II a							
1.3	PLACE OF DEATH D. COUNTY	ALLEGANY		MARYL	AND	O. SIAIE	RYLAN	ere deceased liv	ed. If instituti b. COUNTY	on Resider			sion)
	b. CITY OR TOWN	(If outside corporate lim	ils, write	c. LENGTH OF STAY I	N lb			ulside corporote	limits, write R				n)
	CUMBER	RLAND		15 DAYS			MBERL						.,
	d. NAME OF HOS	PITAL (If not in hospital, s	give street	oddress)		d. STREET A	DDRESS					e IS RES	STOENCE
	"MEMOR1	AL HOSPITAL				43	5 PEN	INSYLVAN	ITA AVE	NUE			NO X
3.	NAME OF DECEASED	Fi	rsit	Middle		Los		4. DATE	Mor	th	Do	у	Yeor
	(Type or print)	MAR	Υ	ELIZABET	TH.	CLAY		OF DEATH	JU	NE	2	}	1958
5. 5		6. COLOR OR RACE	7 MARR	IED 🔲 NEVER MARRIED		B. DATE OF BIRTH	ł	9	AGE (In years out birthday)				ER 24 HRS
	FEMALE	WHITE	WIDOWE	DIVORCED		Decemb	ber 55	, I883	774 yrs	Months	Days	Hours	Min
10a	USUAL OCCUPA	TION (Give kind of work orking life, even if relired	done 10b.	KIND OF BUSINESS OR	INDU					12. CI	TIZEN O	F WHAT	COUNTRY
	Housewi		7			МДЯ	YLAND	Little	Orle	ans	11 0	A	
	FATHER'S NAME					14. MOTHER'S					<u> </u>	Pt o	
	J	fonas	POTT	S		Mary	/ Kee	fer					
15.	WAS DECEASED E	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17, 1	NFORMANT	2200		Add	ress			
tres	No		ervice)	None		MEMORIAL	HOSP	ITAL -	CUMBER	LAND,	MD.		
		EATH [Enter only one co		e far (a), (b), and (c)]				-4:				RVAL DE	
	PART I D	EATH WAS CAUSED BY IMMEDIATE CAUSE (o	111	ulmer	ur	y cov	1.0 es	tion					THE SEA
	, ×	DUE TO		* /*		1	U		/				0 1
	Conditions, if		The	Etes to 1	Ci	Color To	.cne	234	-1727	> ~	d	willy	AND
	gave rise to cause (a), statin)	4.		9 *	. 1	. Mary	/			-	
	lying couse los	it. (c		agelnin	id.	-/- (-	1-1		me y				
TION	PART II. C	THER SIGNIFICANT CON		or to		4	-	NAL DISEASE CO	NDITION GIV	EN IN PAR	T 1(o) 1	PERFC	DRIMED?
7	ZO- ACCIDENZ	A	(1-2-d)		77		/ "	- المامري				YES 🔲	NO 🔼
CERTII	OR CONTRIBUTION	WAS UNDERLYING THE CAUSE OF DEATH FY MEDICAL EXAMINER)	206 DESC	RIBE HOW INJURY OC	CUKREI	D (Enter noture of	injury in P	ort I or Fort II c	of item 16.)				
Š		URY Month, Day, Ye	or 20d. IN	IJURY OCCURRED 2	Oe. PL	ACE OF INJURY (F	tome, form,	20f. (City or t	lown)	i	County		(Stole)
MEDICAL	Hour o.m.	10	White at work	Not while	foc	tory, street, office	bldg., etc.)		•	.,		, ,
_		that I offended the	docoos		. /	£ 10.58	- T) 1 A DA E :	2 105	C1			
	3	uni 3		ond that o)une:	2., 1922	Zinoi I	1031 50	w the	deceose
Н	Olive Oli	7		ond that e	seom	occurred of		M, from th ADDRESS (Street,			he doi		ed above ATE SIGNEI
	ACTUAL C	Thomas !	101			He		algor				<i>D</i>	ALE SIGNE
	SIGNATURE	1640000 /		الترامية بالمساهم		M.D		CAS OV	g-un	4 ·			
	PHTSICIAN'S NAME (Type)	DR. THOMAS	LEWI	S		6-1-	nole.	nlare	E 71	Lan	, le	1 200	6
220.		ION, 22b. DATE THEREC)F	22c. NAME OF CEMET				22d. LOCATION	(City town, o	or county)		(Stot	e)
E	REMOYA, ESpecif	6-7-58		St Patri	.ek	Cem.		Cumbe	erland	,Md.		A	
	FUNERAL DIRECTO	OR'S SIGNATURE	5 Car	mberland,	Md		24a. REC'C	BY REGISTRAR		TRAR'S SI		E	
U	James F.	· car herr	ı – u	mper rand	TARKE I	•	DATE A	UN 9 '58		- P- X-O		-	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06322

		6392	- Calcillio	AIR OI PEAIII		Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY A	llegany	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution in the country A	Residence before odmission)
	B. CITY OR TOWN (If out:	fown)	c. LENGTH OF STAY IN 16	Rural Oldto	utside carporate limits, write RUR	AL and give nearest town)
	RUTAL OLGTO				AMIT MICE	
	OR INSTITUTION	d #I	er oddress)	d STREET ADDRESS Rd #I		e is residence on a farm? YES 🔀 NO 🗌
	3. NAME OF DECEASED (Type or print)	First Mary	Middle Hott	Crabtree	4. DATE Month OF June	6, Year 1958
		Taraffala a	ARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH 1906 May 26, 195		Months Gen Hours Min.
	100. USUAL OCCUPATION (C during most of working I HOUSEWITE	ife, even if retired)	DE KIND OF BUSINESS OR INDU		r fareign country)	12. CITIZEN OF WHAT COUNTRY? USA
	13. FATHER'S NAME	as Hott		14. MOTHER'S MAIDEN NA	ME Sirbaugh	
	15. WAS DECEASED EVER IN [196, no, or unknown] [If yes,	U. S. ARMED FORCES?		informant ilbert Crabi	tree, Oldtown	, Md.
	Conditions, if any, a gave rise to imme cause (a), stoling the y	VAS CAUSED BY: LEDIATE CAUSE (a) DUE TO Which diane DUE TO	line for (o), (b), and (c)] email miln ancen one	Cerry wi	t Truto sto 2:	INTERVAL BETWEEN ONSET AND DEATH
	ICATIC		IS CONTRIBUTING TO DEATH BU			I IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES NO 2
		AUSE OF DEATH	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Po	art I or Port II of item 18.)	
	Y 20c. TIME OF INJURY A Hour a. p. m.	Whi		LACE OF INJURY (Hame, form, partary, street, office bldg., etc.)	20f. (City or town)	(County) (State)
1	21. I certify that I alive on	attended the dece	: -(h occurred at		
	PHYSICIAN'S NAME (Type)	ARLTOV	(DRINST	= 15120	Cumberland	d, Md.
	220. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL	6/9/58	Method st	OH CREMATORY	Oldtown, High	w Haryland
	23. FUNERAL DIRECTOR'S SIG		erkeley Spgs,		BY REGISTRAR 245. REGISTR	AR'S SIGNATURE
	CO.	p 2 12				



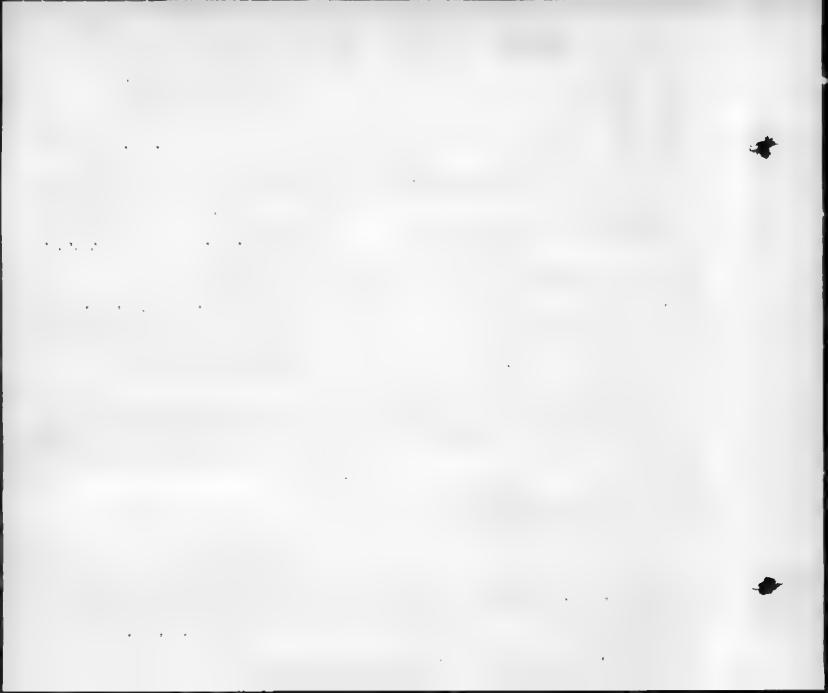
VS A15 (4) 15M 10/57

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MARYLAND STATE D	EPARTMENT	OF HEALTH	-BALTIMORE, 18	na L. Marin
6325 CE	RTIFICATE	OF DEATH	•	Reg. Dist. No.
1. PLACE OF DEATH COUNTY Allegany	MARYLAND 2. U	SUAL RESIDENCE (WESTATE Mary	ere deceased lived If institution b. COUNTY	Residence before admission) Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)			ulside corporate limits, write RUF	(AL and give nearest town)
d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION		Jumb STREET ADDRESS	erland	e. IS RESIDENCE
Sacred Heart Hospital		Olympi	a Hotel Balto.	St. YES NO I
DECEASED	Middle audy Crs	wford	4. DATE Month OF DEATH	Day Yeor 2 1958
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED B. DAT	76 /8)		FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min
10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper Hanger Vall Paper		Fort Ashb		12 CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14.	MOTHER'S MAIDEN N	AME	
James Scott Crawford			y Fisher	
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURIFIES, no or unknown] If yes, give wor or dates of service			awford Ft. Ashl	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), or PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) LLCLL+C DUE TO		teal tere	1000	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-	Costicia	ed the per	france Ht L	2.4. 5 /
Tying couse lost.) (c)				1

13. FATHER'S NAME				1	14. MOTHER'S MAIDEN NAME					
James Scott Crawford					Sally Fisher					
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17				17 INFO	INFORMANT Address					
Yes, no or unknown				Miss Nellie Crawford Ft. Ashby, W. Va.						
	18. CAUSE OF DEATH [Enter	*					,		INTERVAL BE	
	PART I DEATH WAS CAUSED BY MCCLETC Magista a deal tollie							ONSET AND	Mar 11	
	44d X DUE TO									
	Conditions, if ony, which) (b) 17 He I c - Crafic ize of the part wines Ht City is									
	Luia e do, storing the unger-									
z	PAM II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY									
CATION			heply	_				NA GREIA IN LAKE	PERFO	RMED?
CERTIFI	200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.)									
DICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (City or town) (City or town) (City or town)						unty)	(State)		
MEDI	p. m.	19 of work	ol work							
	21. I certify that I attended the deceased from 5 /2 (, 19-5, to 6/2, 19-5), that I last saw the deceased									
	alive on									
	~		•				ADDRESS (Street, city or	fown, state)	, DA	ATE SIGNES
	SIGNATURE * It was excessed				M.D				· -}	
	4									
	NAME (Type) Dr. S.G. Weisman 59 Greene Street					6-21-1-	11: 2	, lid		
220	BURIAL, CREMATION, 226. DA	ATE THEREOF	22c NAME OF CEMETE	ERY OR C			22d LOCATION (City,		(Stot	
	Burial 6/5/58		Fort Ashby Cemetery			Fort Ashby, W. Va.				
23.	FUNERAL DIRECTOR'S SIGNATUL	RE	ADDRESS				BY REGISTRAR 24b			
	Charles L. Geo	orge Cumbe	rland, Mar	ylan	d	DATE (JUN 6 '53	audes	uch.	



Rea. Dist. No.

N A FARM?

YES NO T

Yeor

12 CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

(County)

DATE 111 1 0 '58

PERFORMED? NO T

(State)

and in my

DATE SIGNED

(State)

58 19

VS. A15ME 5M 2757



VS A15 (4) 15M 10/57



. MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6327

CERTIFICATE OF DEATH

06325

Reg. Dist. No.

j	1. PLACE OF DEATH COUNTY ALLEGANY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a STATE MARYLAND b. COUNTY ALLEGANY						
	b. CITY OR TOWN (If outside carporate limits RURAL and give nearest town) CUMBERLAND	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	d NAME OF HOSPITAL (IF not in hospital, gi	d. STREET ADDRESS RT. #1, VALLEY ROAD e. 15 RESIDENCE ON A FARM? YES NO						
	3. NAME OF First CASED (Type or print) FRAN		DIOM	DATE Mont	Th. Doy Yeor 19 58			
1	FEMALE MULTE	7 MARRIED NEVER MARRIED X	B. DATE OF BIRTH AUGUST 30, 19:	9. AGE (In years last by hiday) 30 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Haurs Min			
	100. USUAL OCCUPATION (Give kind of work d during most of working life, even if retired) SECRETARY 13. FATHER'S NAME	FORD GARAGE	MARYLAND 14. MOTHER'S MAIDEN NAME		12 CITIZEN OF WHAT COUNTRY:			
	JOHN C. DICK 15. WAS DECEASED EVER IN U. S. ARMED FORCE 17et. no. or unknown) (If yes, give nor or dates of ser		RUTH 1. HAU INFORMANT EMORIAL HOSPITAL	Addre				
	IB. CAUSE OF DEATH [Enter only one couper of the couper of	Malignant Hy			7 years en in part 1(a) 19 was autopsy performed? yes \(\cap \) ye \(\cap \) ye \(\cap \) yes \(\cap \) \(\cap \) \(\cap \)			
	PART II. OTHER SIGNIFICANT COND 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a. m., p. m. 19			or Part II of item 18.) Of. (City or town)	(County) (State)			
	21. I certify that I attended the alive on 6 - 21 ACTUAL SIGNATURE Reg 6.			, fram the causes at RESS (Street, city or town, s	,that I last saw the deceased nd on the date stated above. DATE SIGNED 6-22-58			
	PHYSICIAN'S DR. RALPH BALLIN Cumberland, Md.							
31	20. BURIAL, CREMATION, 226. DATE THEREOF ITIAL June 25,	1958 Greenmount		. location (City, town, of umberland,	r county) (Slate) aryland			
	23. FUNERAL DIRECTOR'S SIGNATURE John Hafer, Eur	ADDRESS. mberland, Maryla	nd DATE JUN		TRAR'S SIGNATURE			



ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

ON A FARM?

YES NO

Year

19

66326

ALLEGANY

Day

Rea. Dist. No.

Months

IF UNDER 1 YEAR IF UNDER 24 HRS Dovs Hours 12 CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN ONSETAND DEATH

10 yr.

10 yr.

YES I

(County)

NOT

(State)

DATE SIGNED

(\$101)

24a REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57 23. FUNERAL DIRECTOR'S SIGNATURE

;

į *

0 VS A15 (4) 15M 10/57 Rea. Dist. No. IS RESIDENCE YES NO 1958 Hours

Month

IF UNDER TYEAR IF UNDER 24 MRS. Months Days

> INTERVAL BETWEEN ONSET AND DEATH

12 CITIZEN OF WHAT COUNTRY

U.S.A.

Address

MEMORIAL HOSPITAL - MEMORIAL & WARWICK AVES.

PERFORMED? YES NO

(County) (State)

, and that death accurred at 12:31 An, from the causes and on the date stated above. DATE SIGNED

Cumberland, Md. RD **ADDRESS** 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

Hyndman. Pa. JUN 2 6 '58



7	1	
-Van	D C	TATE
HEA	R S'	DEPT
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificat, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Exeminer's Office along with form PM3. Page 5 may be relatived for your files.	2	M
essan rector	0	1441
2	Ö	~
elay funer	d 2 with the Sto	
ony d	the	
1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	with ours	
death 2, an	72 h	1
10 m et	R: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the States and, prior to burial, cremation, ar removal, and in any event within 72 hours after dea	1
Pog P	pog .	
Sive Give	File To Ta	
18.	rmit.	
Item,	ii pe	
execution in the fire	-tram	
P S	buriol 3r rer	
should gring	2 d L	
rate :	Po Des	
Perfift C 'pe	the tr	
This c work	ould	
BRe 1	3 5	
AMIN oritin	Page	
A B C	gent.	
TY MEDICAL EXAMINER: This certificate should be executed by the certificate writing the word "predical" in pencil in Its fibe forwarded to the Chief Medical Examiner's Office of the	DECTOR: Page 3 should be used as a burial-transis permit. File pages 1 mor	
he ce	ישמיני	9
oute H	NER S	
exec 4 sh	0 TO	
P-	(free	

5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06328

6330				Reg. Dist. No.			
PLACE OF DEATH		2. USUAL RESIDENCE	(Where deceased lived If ins	titution: Residence before admission)			
· e. COUNTY	MARYLAND	o. STATE 4%	b. COU				
Allegany			yland	Allegany			
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	GTH OF STAY IN 16	e. CITY OR TOWN (If outside corporate limits, wr	rife RURAL and give nearest town)			
Cumberland	years	Cuml	berland				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, giv		d, STREET ADDRESS		0 5 RE 'DE" / 5			
610 Memorial Avenue		610	Memorial Ave	nue YES NO NO			
NAME OF First	Middle	Lost	4 DATE Mo	onth Doy Year			
(Type or print) that Della	70	TVON	OF DEATH T	04 1050 10			
5. SEX 6. COLOR OR RACE 7. MARRIED 15 N		LXON	9 AGE (In years				
S. SEA B. COLOR ON RACE . MARRIED E N	EAEK WAKKIED T	DATE OF BIRTH	fort brillday)	Months Days Hours Min.			
Male White WIDOWED	DIVORCED 🔲 M	ay 26,1886	72 Y				
100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF during most of working life, even if retired)				12. CITIZEN OF WHAT COUNTRY			
Retired Superv	risor B &	O Glenmore	New York	USA			
13. FATHER'S NAME Railro		14. MOTHER'S MAIDEN					
A 7	au	77	0 3				
Adomson Dixon 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL S	CCURITY NO 117 B	Eunice St	4.11				
[Yes, no, or unknown] Ill yes, give war or dates of service)	SECURITI NO 17, IN	ITOKWANI	610 M 8 %	Morial Avenue			
No.	Mr	s. Anna K.	Dixon Cumber	land, Maryland			
18 CAUSE OF DEATH [Enter only one couse per line for (o), (INTERVAL RETVICEN			
PART I. DEATH WAS CAUSED BY:	Coronary 0	columian		ONSET AND DEA H			
IMMEDIATE CAUSE (a)	or onary o	CCIUSION		Sudden			
to DUE TO COMORDON Solomonia							
Conditions, if eny, which) (b)	Coronary Sclerosis						
gave rise to immediate course							
to, northly the underlying							
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
5				YES NO NO			
5 200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW II	NJURY OCCURRED (Er	nter notere of migry in Pe	ort f ar Port II af item 1# }				
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.							
	-			V-400			
		E OF INJURY (Home, for	m. i 20f. (City or town)	(County) (State)			
Hour a.m. While N of work of work of	Of White	ry, mac, amic angli co	.,				
		a hald an Auton	[7]	5 (57)			
	21. I certify that I took charge of the remains described above, held an Autapsy [], Inspection [X], Inquiry [X], and in my						
opinion death resulted from: Natural couses	[X], Accident [], Suicide [],	Homicide [], Unde	etermined manner			
2 /	3						
SIGNATURE Benedict Lector	11	M D CHIEF MEDICAL	EXAMINER 🗀	DATE SIGNED			
SIGNATURE / SENECECES SIGNATURE	uce	_M.D.					
EXAMINER'S			CAL EXAMINER .	04 3000			
NAME (Type) Benedict Skitarelic	. M.D.	DEPUTY MEDICAL	L EXAMINER A JUIN	24, 1958			
	ME OF CEMETERY OR	CREMATORY	22d LOCATION (City, town	n, or county) (State)			
Burial Specify June 28, 1958 Wes	stmoreland	Cemeterv		nd, New York			
	DRESS			GISTRAR'S SIGNATURE			
eg, i gitanite attaciant a aigratifyte				A D			
John J. Hafer, Cumberland,	Maryland	DATE	JUN 2 7 '58	Drediech			



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06329CERTIFICATE OF DEATH 6376 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNTY Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE

ON A FARM?

YES NO T

19

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

(County)

.that I last saw the deceased

(Stote)

12 CITIZEN OF WHAT COUNTRY

Frostburg, Md.

PERFORMED?

(State)

Months Days

VS A15 (4) 15M 10/57



NO X

(Stote)





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P å

pode

PIRECTOR:

FUNEZ ca

0

VS A15 (4)

15M 10/57

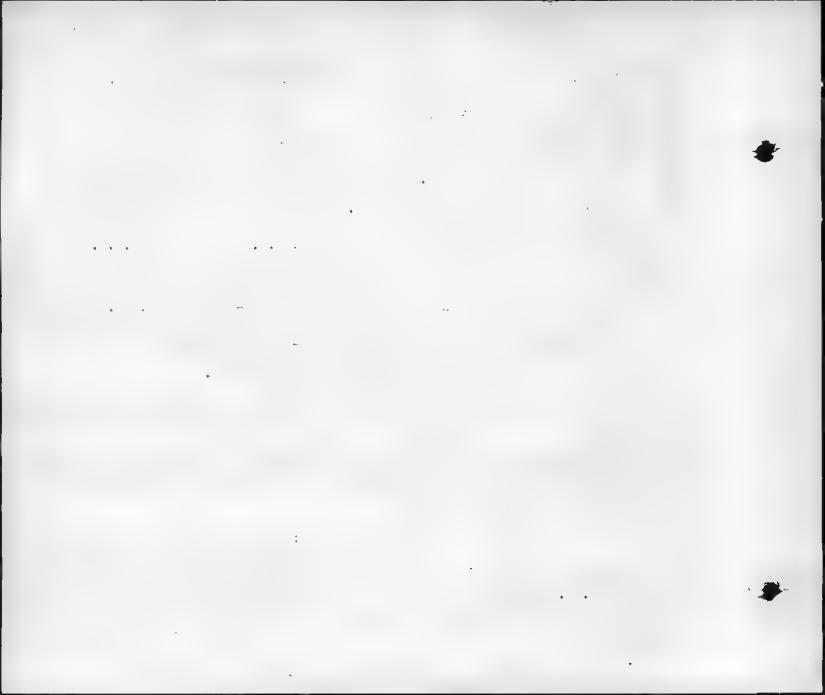
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e e

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06332

CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY **ALLEGANY** MARYLAND b. COUNTY MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town] CUMBERLAND 3 DAYS CUMBERLAND d. NAME OF HOSPITAL (If not in haspital, give street oddress) d STREET ADDRESS e. 15 RESIDENCE OR MEMORIAL HOSPITAL ON A FARM? 606 EDWARDS AVENUE YES NO 3. NAME OF DECEASED First Mrddle 4. DATE C. ALBERT ESKIN 25 JUNE (Type or print) DEATH 5 SEX AGE (In years last birthday) 50 yrs 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS Months Days WIDOWED | DIVORCED | MALE WHITE YES 10a. USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired] NEWARK, N.J. DENTIST U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CARL ESKIN ROSE Saslow IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address [If yes, give war or dates of service] MEMORIAL HOSPITAL - CUMBERLAND, MD. 212-38-6539 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Vascular Accident -- Hemorrhage right IMMEDIATE CAUSE (o)_ 351% **DUE TO** side with Paralysis left side of body. 3 days Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 💢 NO 🗌 20a ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased from June 22 , 19.58, to June 25 , 19.58, that I lost saw the deceased June 25 and that death accurred at 11:15 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL 6/26/58 50 Pershing Street PHYSICIAN'S DR. S. JACOBSON Cumberland, Maryland NAME (Type) 220 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) June 27,1958 East View Cemetery Cumberland, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAS'S SIGNATURES 24n, REC'D BY REGISTRAR John J. Hafer, Cumberland, Maryland JUN 3 0 '58



6333 CERTIFICATE OF DEATH

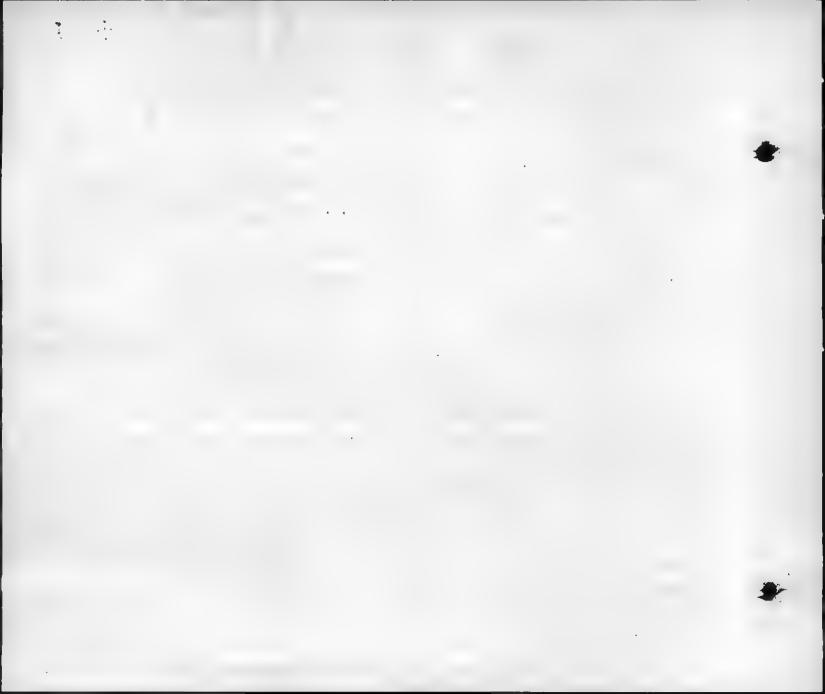
06333

900	3	Reg. Dist. No.						
PLACE OF DEATH O COUNTY ALLEGANY	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a STATE B COUNTY ALLEGANY						
b. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate firmts, write RURAL and give nearest town)						
RURAL and give rearest town) CUMBERLAND	I DAY;	LAVALE						
d NAME OF HOSPITAL (If not in hospital dive street	(address)	d. STREET ADDRES	S		e. IS RESIDENC	E		
MEMORIAL HOSPITAL-MEMORI	AL_AVE.	Haple S	t.,		ON A FARM			
3 NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year			
(Type or print) BESSI	Franklin	EWALD	DEATH	AUNE	11 19 5	8		
5. SEX 6 COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH		1 4 1 44 1 4	ER TYEAR IF UNDER 24 H	185		
FEMALE WHITE WIDON		AUG. 22,	T032	last birthday) Manths	S Doys Hours Mir	n		
10a. USUAL OCCUPATION (Give kind of work dane) 101 during most of working life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	tale or fareign count	ry) 12 (CITIZEN OF WHAT COUN	VTRY		
Housewife	Own home	MAR	YLAND Bal	lto. I	J. S. A.			
13. FATHER'S NAME		14 MOTHER'S MAIDI	EN NAME					
WILLIAM F. GI	ES	BESSIE	Dunnigân	i				
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 1(Yes, no. or unknown) (If yes, give wor or dotes of service)		INFORMANT		Address				
No ,	None M	EMORIAL HOS	PITAL	CUMBERLAN	VD, MARYLAND			
18 CAUSE OF DEATH [Enter only one couse per	line for (a) (b), and (c)]	M	1	-	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	brown	mry de	rombo	ASS MEST	ONSEL AND DEATH	H		
4420./ DUE TO	· A	1/2						
Conditions, if any, which	Loren	and wi	terio/	2 claras	1			
gave rise to immediate						_		
cause (a), stating the under-		~						
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CO	ONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOP	PSY		
PANT II. OTHER SIGNIFICANT CONDITIONS					PERFORMED?	2 1		
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Port I or Part II o	of item 18)	144 🖂	رخا		
200 ACCIDENT WAS UNDERLYING TO 206 DE OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					*	~		
3 20c TIME OF INJURY Month, Day, Year 20d	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home,	form, 20f. (City or	lown)	(Caunty) (Sta	gle)		
20c TIME OF INJURY Month, Day, Year 20d Hour a.m. 19 at w	e Nat while fo ork at wark	clary, street, affice bldg.,	etc.)		(1000))	,		
21. I certify that I attended the decea	7 1	1058 1	10-1	1-10 581 1		_		
alive an		1928, to			I last saw the dece			
dive on	, and that death	accurred at UI			the date stated ab	POVE		
ACTUAL SIGNATURE W. X. Williams M.D. Scendbarland M.D. C. 12-9						CE		
		m.b				70		
PHYSICIAN'S DR. W. F. WILL	AMS	122 S	. Centre S	St.,				
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION	N (City town, ar county	(Store)			
REMOVAL (Specify) 6/13/58	St. George E	piscopal		vade, Mary				
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		EC'D BY REGISTRAR	1 22 20 20 3				
Charles L. George Cumbe	erland, Md.	DATE	MIN 1 6 '58	Cos !				



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) **b.** COUNTY Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) e. IS RESIDENCE ON A FARM? YES NO Month Day Year 1553 June IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Manths Days Hours 12 CITIZEN OF WHAT COUNTRY? (Arnold Address INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO TE (County) (State) 6-14 19 52 that I last saw the deceased and that death accurred at \$130P.M. from the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED LOCATION (City, town, or county) (State) 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



STATE DEPARTMEN	I-BALTIMORE, 1	8

Reg. Di 06336 **CERTIFICATE OF DEATH**

1	1 PLACE OF DEATH 6. COUNTY LLEGANY MARYLAND						2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE MARYIAND b. COUNTY G. Rho. 7							
	RURAL and give ne		ts, write		OF STAY II	N 1Ь	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							,
_	UNAMELIA IO HOURO						HANIUV.	ILL		1 ,				
	OR INSTITUTION	AL (If not in hospital, g HEART HOSP)		oddress)			d STREET	ADDRESS					e. IS RESI ON A YES []	FARM?
3	NAME OF	Fit	e)		Middle			(n)	4. DATE					
	DECEASED (Type or print)	JENI		RAE	mioole	GF	FER	.0261	OF DEATH	JU	Month NE	5		eor 9 58
5	SEX	6. COLOR OR RACE	7. MARI	RIED N	EVER MARRIED) B.	DATE OF BI	RTH		P. AGE (In yes	irs IF UN	DER I YEAR	IF UNDER	R 24 HRS
	FLMALE	WHITE	WIDOW		DIVORCED	- 10	AY 29,	1958			Mon	ths Doys	Hours	Min
104	o. USJAL OCCJPATIC during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF	BUSINESS OR	INDUST	RY 11. BIRTH	IPLACE (Stote o	or foreign c	ountry)	12	CITIZEN C	F WHAT	COUNTRY
12	FATHER'S NAME						La Morne	LEANELL CO	A Land			11. 5)_/7	
'3							14 MOTHER	S MAIDEN N	_					
15		BLATILE GRAN		COCIAL 6	ECURITY NO.	122 1011	ORMANT	HaZEL	V.K					
		I yes give wor or dates of s		SOCIALS	ECURITY NO.	17 INI					ddress			
L							PATT	ENTS CI	LART					
PART I DEATH WAS CAUSED BY MAR ALLER A. A. C.							ERVAL BET	DEATH						
	493X DUE TO													
	4 10 1													
	Conditions, if ony, which by the state of th													
	Couse (o), stoting the under-													
	lying couse lost.) (c												
CERTIFICATION	PAIT II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBU	TING TO DEAT	H BUT N	OT RELATED	TO THE TERMIN	IAL DISEAS	E CONDITION	GIVEN IN	PART 1(0) 1	P WAS A PERFOR YES []	RMED?
CERTIFIE	29a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20ь. DES	CRIBE HO	W INJURY OC	CURRED.	(Enler nature	of injury in Po	ort I or Par	t II of item 18.)				
MEDICAL	20c. TIME OF INJURY Hour o. m.	Month, Doy, Yes	While		white	Oe. PLAC	E OF INJURY	(Home, form, ice bldg., etc.)	20f. (City	or town)		(County)		(Stote)
×	p. m	- 17	loi wor	k 🔲 of w	ronk			, ,	4					
	21. I certify the	at I attended the	deceas		7-7		, 19 <u>.5</u> _		15			it I last so		
	alive on_6/4		., 19.5	8	and that a	death o	occurred o	:3:20A	M, fron	n the couse	and c	n the do	te state	d above.
	ACTUAL THE	u arch	Ly	Jen,	50					lreet, city or tov				TE SIGNED
		3			/	M.	D							
	PHYSICIAN'S NAME (Type) #	ILAD_TH I	RING	C. Iv.	D.		55	_GRN_	: <u>CP</u>	_CIII		TA		
220	REMOYAL (Spec fy)	1, 22b. DATE THEREO	F	22c NA	ME OF CEMET	,		7	22d LOCA	TION (City, tow			(Stote	1
22/	FUNERAL ONECTOR'S	SICHITURE	Ū.	1.00	DRESS	201	LLI	4	7/1/	JOULL	15/10	HKKE	111	o Mo
23/	con IN	GUMALA	12	A ADI	Lavell	1	ma	24a REC'D		58 246. RE	GISTRAR'	SSIGNATU	RE	
	1	1111		****	CALL VAVO				N W		1,100	State of the		

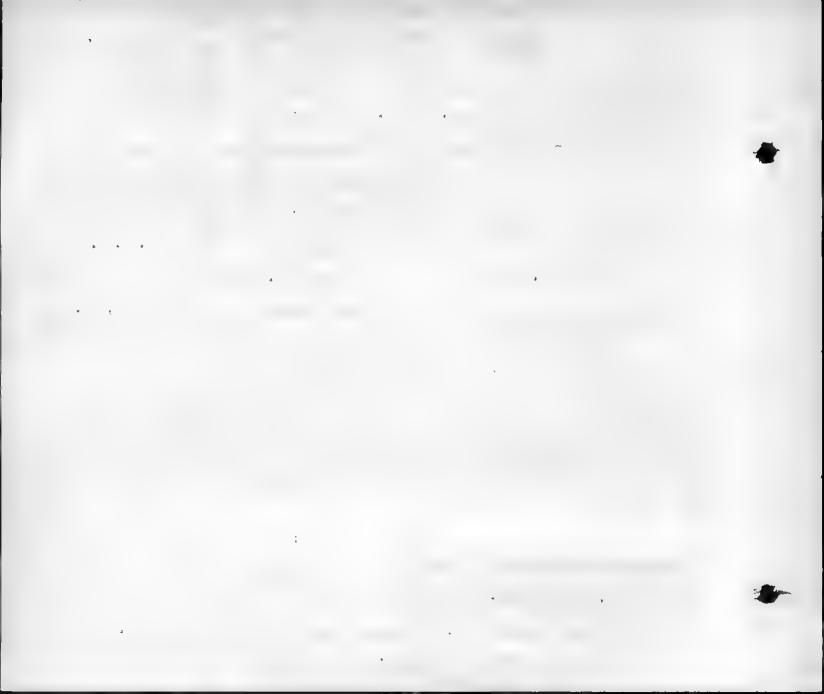


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6337 CERTIFICATE OF DEATH

Reg. Dist. No. 06337

1, PLACE OF DEATH			2. USUAL RESIDENCE	(Where deceased li	ved. If institutio	n- Residence befo	ere admission	n)
ALLEGAN	Υ	MARYLAND	MARYLAND		b COUNTY	ALLEGAN	1	
RURAL and give ne				(If outside corporat	e limits, write RU	IRAL and give ne	arest lown)	
CUMBERLAN	J	5 HRS. 8 MINS.	CUMBERL					
	AL (If not in hospital pive street WARWICK	AND	d STREET ADDRES		-70557		ON A F	ARM?
	SPITAL-MEMORIA			PENDENCE	SIREET		YES 🔲 I	МОП
3. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Monti	h Do	y Ye	or _
(Type or print)	BABY	BOY	HARBAUGH	DEATH	JUN	E	0 19	58
5. SEX	6. COLOR OR RACE 7. MAI	RRIED 🗌 NEVER MARRIED 🗖	8. DATE OF BIRTH	9.	AGE (In years lost birthdoy)	F UNDER I YEAR		
MALE	WHITE WIDOV		JUNE 10,	1950	yrs.	Months Doys	Hours	8"
10a. USUAL OCCUPATIO during most of work	N (Give kind of work done 10th ing life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	tate or foreign coun	try)	12. CITIZEN C	F WHAT C	OUNTRY:
None			CUMBERL	AND GNA.		J. S. A		
13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME				
	THOMAS E. HAR		BETTY	D. KERNS				
15 WAS DECEASED EVER	R IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17. I	NFORMANT		Addre	955		
No		None ME	MORIAL HOSP	ITAL	CUMB	ERLAND,	MD.	
	TH [Enter only one couse per	line for (a), (b), and (c).]		7.2.2		INI	ERVAL BETV	VEEN
PART I. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE (6)/	Asplayxia				ON:	SET AND D	EATH
756,2	DUE TO				,			
Conditions, if or	1/	Danie Visa	2 - 4 - 1	oninal V	1000.0	1.7		
gove rise to in	nmediate	-17-06-05	COLITEDO	A relation	1 Seeva	INIO		
couse (o), stoling t	the under-	sel Chiesi	1/2000	.C/al	4	1		
lying couse lost.	{c}	publets v	HOSCENCE	- 01-LEI	-1 U10	puraor	44	
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTREUTING TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE C	ONDITION GIV	N IN PART 1(0)	9. WAS AU	TOPSY
							YES 7	
OR CONTRIBUTING	S UNDERLYING 206 DE CAUSE OF DEATH MEDICAL EXAMINER	SCRIBE HOW INJURY OCCURRE	D (Enter noture of injury	r in Port I or Port II	of item 18.)			
ZOc. TIME OF INJURY	Month, Day, Year 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home,	form 20f (City or	town	15	·	151-1-1
Hour e.m.	While	s Not white for	ctory, street, office bldg.,	elc.)	TOWNS .	(County)		(State)
	or we	100	4 . 1 . 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4 .	- /	ate PE			
21. I certify the	at I attended the decea	sed from 10 400	1 K 19 58, 10	10 10	4 \$ 19 S l	that I last so	w the de	eceased
alive an/	O JUNE 19	50, and That death	accurred at 3:	45PM, Fram t	he causes ar	nd an the da	te stated	abave
~	1) 1	Allanda.			t, city or town, s			SIGNED
SIGNATURE	Olara (18/ Court	22 G 2	5 Grean	2 2000	Courts	16/	210
							d_2	5
PHYSICIAN'S NAME (Type) DE	LELAND RANSO	DMMC						
220. BURIAL, CREMATION	4, 22b DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATIO	N (City, Jawn, or	county)	(State)	
REMOVAL (Specify)	June 11.19	8 St. Patric	ks Cemete		erlard,		(0)	
23. FUNERAL DIRECTOR'S		ADDRESS		REC'D BY REGISTRAL		RAR'S SIGNATUL	RE	
Byro	n Kight Cur	mberland, Md.	1	JUN 1 6 '58		1	,-	
			DATE	Offile 1 0 20	1 Uur	-educh		



	6358	CERTIFICA	ATE OF DEATH	1 Re	eg. Dist. N. 06338					
)	1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (WHO o. STATE Maryland	ere deceased lived. If institution to COUNTY A.	Residence before admission)					
p [±]		LENGTH OF STAY IN 16 10 Days (ress)	E. CITY OR TOWN (IF o	utside carporate limits, write RURA	e. IS RES DENCE					
	Sacred Heart Hospital		/ Rt.# 2		YES A NO					
	3. NAME OF DECEASED (Type or print) Lewis	Middle Ha	rtsock	4. DATE Month OF DEATH June	Day Year 1 1958					
	Male White WIDOWED [DIVORCED []	8. DATE OF BIRTH 3/7/96	last birthdoy) Mo	JNDER 1 YEAR IF UNDER 24 HRS onths Doys Hours Min					
		DOF BUSINESS OR INDU	Maryland	or foreign country)	12 CITIZEN OF WHAT COUNTRY					
I	Faster's NAME Ensley Hartsock		14 MOTHER'S MAIDEN N							
	Ensley Hartsock 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 17 yes, give wor or doles of service) 213 24 6029 Patients Chart									
IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Coronary occlusion										
	Canditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost. DUE TO (b) COPY	onary Heart I	Diseass		4 years					
2	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN I	N PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO					
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	O (Enter nature of injury in P	art I ar Part II of item 18.)						
	Hour a.m. While	Not while at work	ACE OF INJURY (Hame, form, tory, street, affice bldg., etc.	20f. (City or town)	(County) (State)					
	21. 1 certify that I attended the deceosed olive on 6 = 1 1958		occurred at 2:50	M, from the causes and	at I last saw the decease an the date stated above					
	ACTUAL SIGNATURE ROLL Base	\$	M.D 62 Greene	NOORESS (Street, city or town, state	0 DATE SIGNES					
8	PHYSICIAN'S Ralph W. Ballin,	M.D.	Cumberland	, Md.						
	REMINIAL PROPERTY	NAME OF CEMETERY OF		22d. LOCATION (City, town, or co						

24a. REC'D BY REGISTRAR

DATE JUN 9

'58

245_REGISTRAR'S SIGNATURE

ADDRESS

Cumberland, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNE A P VS A15 (4) 15M 10/S7

23. FUNERAL DIRECTOR'S SIGNATURE

Byron Kight

by the funeral director.

bined by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and campletely filled by the detached for use as the burial-transit permit. Then please remave carban papers. Pages I prior to burial, crematian, or remaval, and in any event within 72 hours after death.



ADDRESS

Frostburg, Md.

Patrick's Cemeterv

Mt.

240. REC'D BY REGISTRAR

Savade

24b REGISTRAR'S SIGNATURE

e. IS RESIDENCE

Day

ON A FARM? YES NO

Yeor

19

PERFORMED? YES NO NO

(Stole)

DATE SIGNED

(Stote)

0 VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

Durst.



		63	94	CERT	IFIC.	ATE OF E	EATH	1		Reg. D	ist. No		
1,	PLACE OF DEATH	gany		MAR	YLAND	o. STATE M	ence (wharylar	ere deceased	lived, If instituti b, COUNTY		nce befo		ion)
F	b. CITY OR TOWN (IF	outside corporate limi	ts, write	tength of star		R.F.B		Barton	ote limits, write R Md.	URAL ond	give nec	orest fowr	1)
	d NAME OF HOSPITA OR INSTITUTION	R.F.D. 1				d. STREET A		Barto	n, Md.				HO X
	NAME OF DECEASED (Type or print)	XEN TA	sì	BELLE	H	ILL tos		4. DATE OF DEATH	June		Do 3	γ	Yeor 19 ⁵⁸
5.	Female	6. COLOR OF RACE	7. MARE	RIED NEVER MARK ED A DIVORC		B. DATE OF BIRTI March 2,	1878	1	P AGE (In years last birthday) yrs.	Months	Days	IF UNDI Haurs	Min.
10c	USUAL OCCUPATION during most of working HOUSE WI	(Give kind of work of the life, even if relired I O	done 10b.	KIND OF BUSINESS Domestic	OR INDU	Mar	vland				TIZEN C	F WHAT	COUNTRY
13.	FATHER'S NAME De	laplain Mò	rela	nd		14. MOTHER'S	MAIDEN N	Mary	Kay				
	WAS DECEASED EVER	IN U. S. ARMED FOR yes, give wer or delea of s		SOCIAL SECURITY N	0 17,	INFORMANT All	en Hi	11	Add Pie	dmont	t, W	.Va.	
	PART I. DEAT	H [Enter only one co H WAS CAUSED BY: IMMEDIATE CAUSE (o		(() (b), and (c	11	Mysec	rdy	(is				FRVAL BE	
	Canditions, if an gove rise to im cause (a), staling th	mediate (A	Herio-	30/0	rusis	******				10	Yes	15
CERTIFICATION		Pul	man	CONTRIBUTING TO D	an	74				/EN IN PAI	RT 1{a} 1	PERFO PERFO YES	RMED?
MEDICAL CERT	20c. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY A 20c. TIME OF INJURY		or 20d. I	MP NJURY OCCURRED	20e. Pi	ACE OF INJURY (Home, form	, 20f (City		([Caunly]		(Stale)
MED	Haur e.m. p.m.	17 It Lattended the	While of wor						3 . 19 5%	that I	last so	ow the	deceased
	olive on	June 3	19.3			occurred of	9:11_	_M, from		and an I		te state	
	ACTUAL SIGNATURE	Jan 6	3/1	In sor	1/1	M.D	Pis	ed Mi	int W	1/3		_£_	4-18
	PHYSICIAN'S NAME (Type) P-BURIAL, CREMATION REMOVAL (Specify)	1		27c. NAME OF CE		OR CREMATORY		nd locati	ON (City, town,	or county)		(Stot	(e)
	SUPTAL DIRECTOR'S	June 5		Sharps Oe ADDRESS ternport,		1	24g. REC'U	D BY REGISTR	AR 245 REGI	STRAR'S SI			

may be retained by the haspital or attending physician.

TO FUNE A DIRECTOR: After this certificate has been signed by the attending physician and campletely filledize by the funeral director, page 3 July be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/55

M

X	,1
after death' Page 4	the funeral director, should be filed with

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page

by the hospitol ar attending physicion.

TO FUNERAL DIRE

VS A15 (4) 15M 10/57

DIRECTOR: After this certificate has been signed by the ottending physician and completely filled de detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 oprior to burial, cremation, ar remaval, and in ony event within 72 haurs after aboth.

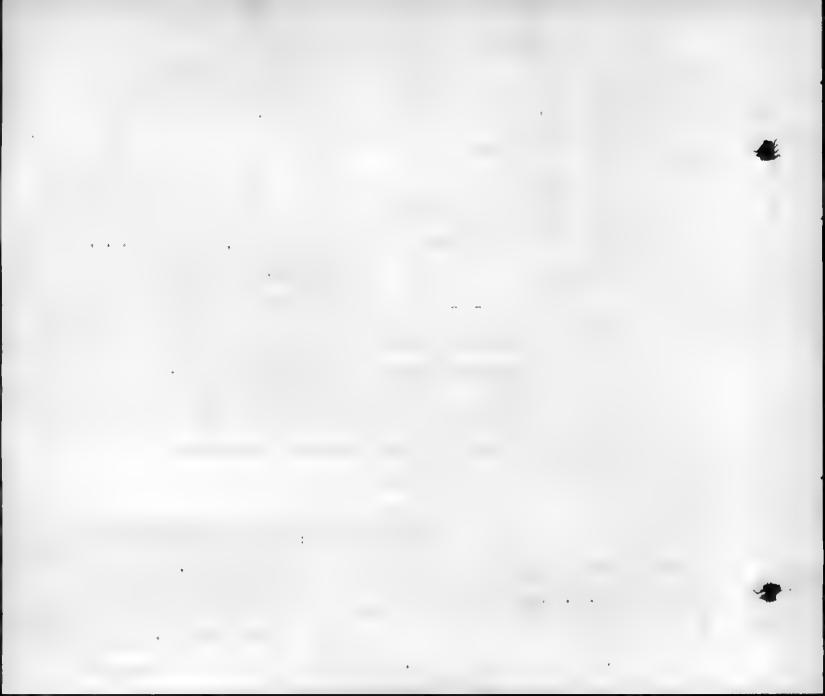
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6339

CERTIFICATE OF DEATH

06341

Ren Dist N.

					eg. elm. 110,	·
1. MACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2 USUAL RESIDENCE (WHO STATE MARYL		b. COUNTY	Residence before	
b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporole	limits, write RURA	L and give nea	irest town)
RURAL and give negrest lown) CUMBERLAND, MD.	65 DAYS	CUMBERLAN	D,			
d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d STREET ADDRESS				ON A FARMA
MEMORIAL HOSPITAL		THE DINGL	Ε			YES NO
3 NAME OF First	Middle	Lost	4. DATE OF	Month	Da	y Yeor
(Type or print) JESSE		HIRSH	DEATH	6	30	1958
	RIED NEVER MARRIED		9. A			IF UNDER 74 HRS
MALE WHITE WIDOWI		12/3/1879		78 yrs.	onths Doys	Hours Min
100 USUAL OCCUPATION (Give kind of work done 10b, during most of working life, even if retired)		STRY 31. BIRTHPLACE [Stote	or foreign countr	у)		F WHAT COUNTR
Retired lierchant	Tailoring	CUMBERLAN	ND, MD.		U.S.A	•
13. FATHER'S NAME		14. MOTHER'S MAIDEN N				
HIRSH, JOSEPH		**BANENBE	PALI NA	Bamberg	er	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 [Yes, no. og unangen] [If yes, give wor or doles of service]		NFORMANT		Address		
n 22	20-30-8347	MEMORIAL HOS	SPITAL,	CUMBERLA	ND, MAF	RYLAND
18. CAUSE OF DEATH [Enter only one couse per lin					INTE	RVAL BETWEEN
PART 1. DEATH WAS CAUSED BY ACUT	ce Left Ventric	ular Failure				I hour
H-XCU. I DUE TO						
Conditions, if ony, which	cardial Fibrosi	s and Coronar	y Arter	iosclero	sis 1	5 years
gove rise to immediate couse (a), stating the under.						
lying couse lost. (c)						
Part II. OTHER SIGNIFICANT CONDITIONS C Calcified Aorta	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CO	NDITION GIVEN	IN PART I(o)	P WAS AUTOPSY PERFORMED?
						YES 🔲 NO 🌁
OR CONTRIBUTING LI CAUSE OF DEATH	CRIBE HOW INJURY OCCURRED). (Enter nature of injury in f	ort I or Part II o	Fitem 18.)		
		CE OF INJURY (Home, form	. 20f (City or h	own)	(County)	(Stote)
Hour o. m. While of worl		tory, street, office bldg., etc.	7			
21. I certify that I attended the decease	ed from April 26	19 58 to 411	ne 30	1058 4	ont I fort an	u the decem
olive on June 30 195	8 and that death	occurred at 8.20F	M from th	1726.Y!! a. course and	an the dat	in stated above
alive on June 30 , 1958 , and that death occurred at 8:30P M, from the causes and an the date stated above						
SIGNATURE Survey for			Pershin			
PHYSICIAN'S NAME (Type) DR. S. M. JACOE	BSON	Cu	mberlan	d, Maryl	and	
220 BURIAL CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY OF	R CREMATORY	22d LOCATION	(C'ty, town, or co	ounty)	(Stole)
Eurial 7/2/1958	Last View C	emetery	Cumber	Landid.		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1	BY REGISTRAR		AR'S SIGNATUR	E
Charles L. Coongo C.	bandand (d	1 111	1 7 150	1 (2.36	. /	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6240

CERTIFICATE OF DEATH

06342

	0040	CERTIFICA	TIE OF DEATH	Reg. Dist	. No.
	1. PLACE OF DEATH o. COUNTY allegany	MARYLAND	2 USUAL RESIDENCE (Where a STATE) and	deceased lived. If institutions Residence b. COUNTY all	perfore admission)
	AURAL and are nearestown?	LENGTH OF STAY IN 16	c CITY OR TOWN Wouts	de carporote timits, write RURAL and a	nearest (gwn)
	d. NAME OF HOSPITAL (If not an hospital, give street goder OR INSTITUTION PORK Street	255)	d. STREET ADDRESS Pa	lf street	ON A FARM? YES NO [2]
	3. NAME OF DECEASED (Type or print) Joseph First	Romas	Hoban 4.	DATE Manih OF DEATH June 2	Day Year 1958
1	male Inhite WIDOWED [DIVORCED [6/21/190=	Court broadedays	YEAR IF UNDER 24 HRS Days Hours Min
	100. USUAL OCCUPATION (Give kind of work done 10b KINE dering most of working life, even if retired)	gamy Balls	his Lonace	ming MQ U	S, A
	Thomas J. Haban		Maryane	1 Sullivan	
	115. WAS DECEASED EVER MSU, S. ARMED FORCES? 16 SOCI	1-30-1-10	Mrs. Helle	is Hoben Or	int MQ
			clusion		INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which agove rise to immediate (b)	oronar, ne	art Discare		<i>3</i> 1.10 •
	lying cause lost. DUE TO	none			
)	Part II. OTHER SIGNIFICANT CONDITIONS CONT **TONG** **				1(o) 19. WAS AUTOPSY PERFORMED? YES NO
		none	(Enter noture of injury in Part	•	
	Haur a m. While of work	Not while fact	CE OF INJURY (Home, farm, 7 lary, street, office bldg , etc.)		ounty) (State)
	21. I certify that I attended the deceased falive on June 20, 12, 19, 58			.0 25, 1956 that I lo	
	ACTUAL James / Nacces	a me		RESS (Street, city or lown, state)	0-24-58
	PHYSICIAN'S James P. Halli	nan M. D.	Cumberla	nd, Faryland.	
	Burnel 6/24/58	St. Patric	CREMATORY 22d	LOCATION (City, town, or county)	Mil
	23. FUNERAL DIRECTOR'S SIGNATURE	Cremb. V	DATE THIN	0 /	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 2 by the funeral director, may be recoined by the hospital or attending physician.

TO FUN.

TO FUN.

DIRECTEM After this mertificate has been signed by the attending physician and completely filled page.

Uld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the remove remove carbon papers, and the remover the remover. VE #15 (4) 15M 9/\$5



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6378 **CERTIFICATE OF DEATH**

		No.	ß	2	A	2
Reg.	Dist.	No.	U	U	7	U

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)						
	O. COUNTY ALLE CANY MARYLAND	O. STATE MAR TRARY						
$\overline{}$	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	12 tobe	* (FX'157BL. PG (1 R.))						
	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d STREET ADDRESS . e 15 RESIDENCE						
	OR INSTITUTION	KT 1 190X 237 YES NO 13						
	3 NAME OF DECEASED First Middle	Lost 4. DATE Month Day Year						
	(Type or print) /3 /46 / 9 //	I HEBEL OF DEATH June 5. 19 58						
		8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Doys Hours Min.						
	12 1966 WIDOWED DIVORCED	16:16 2 yrs.						
$\langle \cdot $	100. USUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR INDU- during most of working life, even if retired)							
1		M.D. U.S. A.						
A	13. FATHER'S NAME DA L-10 E. HEBEL.	14. MOTHER'S MAIDEN NAME						
	4.11.14.	CARTIN KAY KIRK						
	(Yes not or unknown) [(If yes, give wor or dates of service)	NFORMANT Address						
	70	MATHER RT / FROSTBERG - M.D.						
-	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) PREMATURITY SALID F. 5							
	161.0 DUE TO							
ŀ	Conditions, if ony, which)							
	gove rise to immediate Cause (a), stoling the under. DUE TO							
	lying couse lost. (c)							
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?						
	9	YES NO 🛭						
	200. ACCIDENT WAS UNDERLYING TO 200 DESCRIBE HOW INJURY OCCURRENT OR CONTRIBUTING TO CAUSE OF DEATH	D. (Enler noture of injury in Part I or Port II of ilem 18)						
ı								
		ACE OF INJURY IHome, form, 20f. (City or town) (County) (State)						
	Hour o. m. p. m. 19 While Not while of work							
ı	21. I certify that I attended the deceased from 1000 5	19 5 5, to 1414 6 5, 19 A that I last saw the deceased						
	alive on 341 N & 3 , 1938 , and that death	occurred at 25.28.71M, from the causes and on the date stated above.						
		ADDRESS (Street, city or town, stote) DATE SIGNED						
	SIGNATURE CONTRACTOR OF TO TENTE	MD. 74 GRO A VAIRY 6/5/58						
4	PHYSICIAN'S							
	NAME (Typo) MARTIN, N. ROTTE STEIN MIN.							
	220. BURIAL, COMMENTAL, 226. DATE THEREOF 22c NAME OF CEMETERY OF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
		- (KALIZA diNA inche 12)						
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FRES	773 U.C. 240 REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATHRE						
	a and the perfect	JAN DATE UN 9 '58 Will-Leauch						



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MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMORE,	18

6379 CERTIFICATE OF DEATH

Reg. Dist. No. 06344

1	1, P	o. COUNTY Allegany MARYLAND				2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Maryland b. COUNTYAllegants								
	ь	b. CITY OR TOWN (If ounide corporate limits, write RURAL-mid Diversion 11 48 Yrs.				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport								
	d	OR INSTITUTION	At (If not in hospital, g 07 Hammond	ive street	oddress)		d STREET	ADDRESS 07 Hem	amond			IS RESIDENCE ON A FARM? YES NO		
	C	NAME OF DECEASED Type or print)	Elsie	şî .	Belle Middle		Howe 4. DATE OF DEATH		June		Day	Yeor 19	58	
	5 \$	Femal d	6. COLOR OR RACE White	7. MARI	NEVER MARRIED DIVORCED	1-2	DATE OF BIRT	1887	7	9. AGE (in years lost birthday) /1 yrs	Months	Days He	JNDER 24 I	-
	10a.	USUAL OCCUPATION HOUSE WIT	N (Give kind of work ing life, even if retired	dane 10b.	kind of Business or Dwn Home	INDUST	1	Va.	ar fareign c	auntry)	12. CITI	ZEN OF W	HAT COU	NTRY?
	13. [FATHER'S NAME					14 MOTHER	MAIDEN N	IAME		,			
		Da	vid Ravens	croft					Mar	y Whorry				
	15. \					17, INF	ORMANT				dress			
		10	If yes, give war or dates of s	ervice)			Wil	liam H	lowe		West	ternport, Md.		
		PART I. DEAT	TH [Enter only one co H WAS CAUSED BY. IMMEDIATE CAUSE (o		ne for (a), (b), and (c)]	dr	AH	ary	Dise	45 R		INTERVAL BETWEEN ONSET AND DEATH		
		conditions, if ony, which) (b) Old pastorier interction unknown									now	h		
		gave rise to immediate cause (a), staling the under-lying cause last.												
)	CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	H BUT N	ot related to	O THE TERMII	NAL DISEAS	E CONDITION GI	VEN IN PART	P	VAS AUTOI ERFORMED S NO	81
		200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH	206. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature	af injury in P	Port I at Par	t II af item 18)				
	MEDICAL	20c TIME OF INJURY Haur a.m. p. m.	Month, Day, Ye	While	Not while k of work		E OF INJURY ry, street, affic			or tawn)	{C	(aunty)	(51	tote)
		21. I certify that I attended the deceased from May 27, 1958, to June 19, 1958, that I last saw the deceased												
		alive on Tuke 15, 1958, and that death occurred at 11:35 A.M. from the causes and on the date stated above												
		ACTUAL SIGNATURE	and R	M	low	M.	D	Pie	dus Lo	at, WIV	, state) Sb	JUNE	DATE SI	GNED 25.
3		PHYSICIAN'S NAME (Type)	Paul R.	W	Ison y.	p				/				*****
	220.	BURIAL, CREMATION REMOVAL (Specify) SUP 181			22c. NAME OF CEMET					TION (City, town,	.,		(Stole)	
	-	FUNERAL DIRECTORS	June 22,	1900	Nethkin H	1111	Uem.	240 PEC'S	E1	k Garden	ISTRAR'S SIG	W. 1	a	
	٤	5,500		M	esternport,	Mar	yland	DATE	2 3 5		1 esu	. /		



l	4	(M)
laurs after death. Page 4	by the funeral director,			
offer deal	the funera)
OUTS	24			,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6341

CERTIFICATE OF DEATH

06345

_										wear mis	1. 140.	
1.	PLACE OF DEATH o. COUNTY	1egany		MARYL	AND	O. SIAIE			ed lived If institu b. COUNT	Υ		
-		f outside corporate limi	its, write	c. LENGTH OF STAY II	N 15		rylar		prote limits, write		gan	
	RURAL and give no	earest town)				C. CITT OK I	OMMA (III O	nision corb	proje ilitilis, write	KUKAL ONO 9	ive negre	est town)
L		land		EL yrs.			werla	ind				
	OR INSTITUTION	'AL (If not in hospital, g	jive street	oddress)		d. STREET A	DDRESS				e	IS RES DENCE ON A FARM?
-		orial Hosp	ital_			519	Hash	ingto	n St.			YES NO K
3.	NAME OF DECEASED	Fire	rst	Middle		Lost		4 DATE OF	Mo	onth	Day	Yeor
	(Type or print)	Helen			4	Jacob		DEATH	June	5	5.	195.8
5.	SEX	6. COLOR OR RACE	7 MARI	RIED NEVER MARRIED		DATE OF BIRTH	ı		9. AGE (In year			F UNDER 24 HRS
	Female	White	WIDOW	ED TO DIVORCED		May 11.	. 189	7	lost birthdoy)		Doys	Hours Min
10	o. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS		ACE (Stote)	or foreign (ZEN OF	WHAT COUNTRY
	auring most or work	ung life, even it refired)									mar coorer
12	HOUSE FATHER'S NAME	MITE		Own home			Sava		ld.	U.S	S.A.	
13		** ** **				14 MOTHER'S	MAIDEN N	AME				
_		McHullen			_		na Mul	lledy				
15	es. no or unknown)	R IN U. S. ARMED FOR (If yes, give war ar dates of s	CES? 16	SOCIAL SECURITY NO	17 IN	FORMANT			Ad	dress		_
	No			None	Wi	lliam C.	Jaco	ob i	Cumberla	nd.NJ.		
	18. CAUSE OF DEA	TH [Enter only one co	use per hi	ne for (o), (b), and (c).]						7	INTER	VAL BETWEEN
		TH WAS CAUSED BY:		RONCHOPI	15	MINALL	4				ONSE	T AND DEATH
	. ~ .	IMMEDIATE CAUSE (o		CONCHUPT	V Z L	090101	/		111116 6	1.1.	-	
		DUE TO	1	1 Prairie			,		UNGIS	1 2100	78,	
	Conditions, if or		1	KLINOMA	051	15, GE	VERRA	4,	PLEUR!	9		
	couse (o), stating			100	-	/	off	Zi.	ast r	Phier.	0	R.T 10
	lying couse lost.	lc		leciocane			4/1					24 17
ATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	VEN IN PART	1(0) 19	WAS AUTOPSY
SAT												PERFORMED?
1153	200 ACCIDENT WA	S UNDERLYING	20b DES	CRIBE HOW INJURY OC	CURRED	. (Enter noture of	injury in P	art I or Pa	t II of item 18.)			
CERTI	OR CONTRIBUTING	S UNDERLYING COUNTY CAUSE OF DEATH MEDICAL EXAMINER)			-							
_			nr 20d II	NJURY OCCURRED 2	Co. PLA	CE OF INITIDY (lama dasm	Took settle		1.5		
MEDICA	Hour a.m.	, mount, buy, rec	- While		foct	CE OF INJURY (Fory, street, office	bldg., etc.	207 (Cir	y or town]	(Co	ounty)	(Slote)
¥	р. т.		of wor	k of work								
	21. I certify th	at I attended the	deceas	ed from fac	<	1925	la A	rec	e 5 16 3	that Lie	ast sav	the decease
	glive on	eurs 5	195	and that o	leath	accurred at /			m the causes			
		Na	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7	1	DORESS (S	treet, city or town	stote)	e duie	DATE.SIGNE
	ACTUAL	10/1201	1	· mul		وم	59 1	6 .	uso ST	,,		1.11.14
	SIGNATURE		411		N	i.D		7,000	20 2/			0/0/13
	PHYSICIAN'S NAME (Type) —	S 67	Wi	EISTUAN			Um	Sel.	and,	her	0	
22	o- BURIAL, CREMATIO	N, 226 DATE THEREC	F	22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote)
	REMOVAL (Specify)	June 7.1	958	Calvary Co	met	env			sburgh.			,
23.	FUNERAL DIRECTOR"			ADDRESS		- y	24m PEC10	BY REGIS		Pa.	MATHRE	
	Charles L.		Ci	mberland, 1	id.				8 000	/	1	
							DATE	9 1	/ 1 X X X X	A chi	W.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 bild be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06346 CEDTIEICATE OF DEATH

0342	CERTIFICA	IL OI DEATH	Re	g. Dist. No.
1. PLACE OF DEATH		2. USUAL RESIDENCE (Whe	ere deceased lived. If institution	Residence before admission)
allegany	MARYLAND	o. STATE	b COUNTY	Allegany
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	The second secon	ulside corporate limits, write RURA	
RURAL and give nearest town) Cumberland	27 days	K Cumberland	Rt. # 3	g
d NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS		e. IS RESIDENCE
Sacred Heart Heepital		Bedford Ro	ad .	ON A FARM? YES NO 🔀
3. NAME OF DECEASED First	Middle	Last	4. DATE Month	Day Year
(Type or print) Ada		Johnson	DEATH 6	/ 26 19 58
5. SEX 6. COLOR OR RACE 7 MARRIE	ED 🔀 NEVER MARRIED 🔲 B	DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOWEL	DIVORCED 0	ct. 13, 1879	.78 yrs	onths Doys Hours M.n
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUST			12. CITIZEN OF WHAT COUNTRY
Housewife Ov	nn home	Pennsylva	nia, Bedford Co	. U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Milton Brotemarkle		Mary An	derson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14 5	OCIAL SECURITY NO 17. INF	ORMANT	Address	
(Yes, no, gruntenown) [If yes, give wor or dates of service]	None Mrs	· Nellie Tay	lor 311 Pulaski	St., Cumb. Md.
18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).]	1 - 0		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Muradie	Laretin		ONSET AND DEATH
420.1 DUE TO			-	
Conditions, if ony, which)	Par (1.4	¢	
gove rise to immediate	· · · ·	alla la	and the second	
lying couse lost. (c)	arteriorden	veri - 1ty	Restinanci	
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVEN I	IN PART I(o) 19 WAS AUTOPSY PERFORMED?
3 Cerebral	- Henrandas	= (4.		YES NO
□ UR CONTRIBUTING I I CALISE OF DEATH I	RIBE HOW INJURY OCCURRED.	(Enter nature of injury in Pe	ort I or Port II of item 18.)	
43	facto	E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stole)
Hour o.m. While of work	I AOL WILLIE	iry, sileel, office blog., enc.)		
21. I certify that I attended the decease	d from 6-16	, 19.55; to (-7/ 105XH	nat I last saw the decease
alive on $(p-2.5)$. 19 5	-)			an the date stated above
The second secon	C C C C C C C C C C C C C C C C C C C		DORESS (Street, city or town, state	
SIGNATURE (1) ella 8	2	- 1111	0	1 / 2/ -
SIGNATURE 0	M	D	L.M. Suska	111111111111111111111111111111111111111
PHYSICIAN'S NAME (Typo) (U)	Pilames	C	umber las	el mill
220. BURIAL, CREMAT ON, 226 DATE THEREOF	22c. NAME OF CEMETERY OR		22d LOCATION (City town, or co	ounly) (Stote)
Burial 6/28/58	11easant Grov			Cumberland, Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			R'S SIGNATURE
Charles L. George Cumbe	erland, Md.	DATE JU	IN 3 0 '58 \ CEL!	eruch



		MARYLAND STATE DEPARTM	LENT OF HEALTH—BALTI	MORE, 18
***************************************		6343 CERTIFIC	ATE OF DEATH	Reg. Dist. 46347
(XI	1.	PLACE OF DEATH O. COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATMARYLAND	ed. If institution Residence before admission) b. COUNTY ALLEGANY
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND 12 DAYS	c. CITY OR TOWN (If outside corporate WESTERNPOR	limits, write RURAL and give nearest town)
7 3		d. NAME OF HOSPITAL (ILDA) (LET GRIPP), GYASICE CONTROL OF INSTITUTION MEMORIAL & WARWICK AVES.	d. STREET ADDRESS RT.#1	e. IS RESIDENCE ON A FARM? YES NOT
-	3	NAME OF First Middle DECEASED (Type or print) IDA M	JONES 4. DATE OF DEATH	Month Day Yeor JUNE 11 1958
		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHITE WIDOWED DIVORCED	B. DATE OF BIRTH 9. 63	AGE (In years of the property
-	100	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring mast of working life, even if retired)	ISTRY 11. BIRTHPLACE (Stote or foreign count MIDLAND, MD.	U.S.A.
1	13.	FATHER'S NAME CHARLES RICE	14. MOTHER'S MAIDEN NAME	
-	15. IYe		MARY EDWARDS	Address
	ICATION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions. if ony. which gove rise to immediate cause (o), stating the under- lying couse last. PART II. OTHER SIGNIFICANT COND.TIONS CONTRIBUTING TO DEATH BU	na of Stomace	ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	CERTIFICA		ED. (Enler nature of injury in Port I or Port II o	YES NO D
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. P ft While Not while of work of work	ACE OF INJURY (Home, form, 20f (City or sclory, street, office bldg., etc.)	lawn) (Caunty) (State)
		21. I certify that I attended the deceased from MAY 30 alive an JUNE N . 19 50 , and that death ACTUAL SIGNATURE		the causes and an the date stated abave to the causes and an the date stated abave to the causes and an the date stated abave to the causes and an the date stated abave to the causes and the causes are the causes and the causes are the causes and the causes are
ight sign	27.	PHYSICIAN'S A L MIRKIN 9. BURIAL CREMATION 22b. DATE THEREOF 12c. NAME OF CEMETERY OF		
		o Burial, Cremation, 226. Date thereof REMOYAL Specify) 6-11-58 Philos		N (City, lown, or county) (State) nport, Maryland
	23.	ESBOOD Westerneut	24g. REC'D BY REGISTRAR DATE JUN 1 7 '58	24b REGISTRAR'S SIGNATURE



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ARYLAND	STATE DEPA	RTMENT	OF	HEALTH-	BALTIMORE,	18

6344 CERTIFICATE OF DEATH

M

Reg. Dist. NJ 6348

	1.	PLACE OF DEATH COUNTY Allegany			MAR	YLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o STATE b. COUNTY Maryland Allegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares! lown)						
		RURAL and give ne		s, write	c. LENGTH OF STAY	(IN 1b							
		OR INSTITUTION	AL (If not in hospital, g	ive stree	t oddress)		d. STREET						S RESIDENCE ON A FARM?
	2	Sacred He						<u>Park S</u>	7			Y	ES NO 🔟
		NAME OF DECEASED (Type or print)	Fin Ce	lia	llae		vlor	ost	4. DATE OF DEATH	June	oh O	Day	Yeor 19 58
	5	SEX	6. COLOR OR RACE	7 MAR	RRIED NEVER MARR		B. DATE OF BIR	TH	9	AGE (in years	/	YEAR IF	UNDER 24 HRS
		Female	White	WIDOW	VED DIVORCI	D 🔲	Aug. 3	1,899		58 yrs.			ours Min
	10a	 USUAL OCCUPATION during most of works 	N (Give kind of work o ing life, even if retired)	lone 10b	. KIND OF BUSINESS	OR INDUS	STRY 11 BIRTH	PLACE (Slote	or foreign cou	untry)	12. CITI.	ZEN OF V	VHAT COUNTRY?
		Housewife	9		Own home		Tho	mas. V	I. Va.		U	. S.	A.
	13.	FATHER'S NAME					14. MOTHER						
		Thomas Dor	mon				Am	anda E)outrom				
	15.	WAS DECEASED EVER	IN U. S. ARMED FOR	ES2 16	. SOCIAL SECURITY NO	117 1	NFORMANT	anua 1	garker.	4.44			
	[Yu:		f yes, give wor or doles of se					0	n D *	Addi			
					None		s. Euge	no .uxi	er ka	dgeley,	W. Va		
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO y, which) (b)	/"	ine for (o), (b), and (c)		i m	vij	E stas	us Ex	Lance		AL BETWEEN AND DEATH
	z	gove rise to in couse (o), stoting the lying couse lost.	he under-	di	nterle	red	obs	rud	دلام	0		3	days
	CERTIFICATION				CONTRIBUTING TO DE						EN IN PART	P	VAS AUTOPSY ERFORMED? S NO
	- 1	(IF EITHER, NOTIFY A	CAUSE OF DEATH		SCRIBE HOW INJURY O	CCURRED	Enter noture	of injury in f	Part I ar Part I	II of item 18.)			-
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While	INJURY OCCURRED Not while rk of work	20e. PLA foc	CE OF INJURY lory, street, office	(Home, form, ce bldg., etc.	, 20f. (City o	or lawn)	(Co	ounly]	(Stole)
		21. I certify the	at I attended the	deceas	sed from	3	. 19.5	10 (19	10 57	that I to		the deserved
		21. I certify that I attended the deceased fram. 1957, ta 1957, that I last saw the deceased alive an 1957, and that death accurred at 1957, that I last saw the deceased alive and I last saw the deceased alive aliv											
		SIGNATURE O	- mell	/	mon	~	A.D	280	Long	st		6	1 10
1		PHYSICIAN'S I	r. George	и. S	imons		d	ml	who	1 m	-\		7-7-3
1	220.		, 226. DATE THEREOF		22c. NAME OF CEM	ETERY OF	CREMATORY		22d. LOCATIO	ON (City, town, a	r countyl	·	(5)-1-1
		REMOVAL (Specify)	6/12/58		Zion Memo	-		Panie					(Stote)
	23	FUNERAL DIRECTOR'S			ADDRESS	A A CLA	~ul Tal			erland,			
		II. Wayne G		ber1	Land, Md.			DATE JU	N 1 6 '5		TRAR'S SIGH	ch	





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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	MAKTI	AND.	SIAIE DEPAKIN	TENT OF HEALTH	-BALTIMOR	E, 18	06350
	634	5	CERTIFIC	ATE OF DEATH	I	Reg. Dist.	
1. PLACE OF DEATH COUNTY ALLEGANY			MARYLAND	2 USUAL RESIDENCE (WHO STATE MARYLAND	ere deceased lived. If in b COI	stitution Residence t	before admission)
b CITY OR TOWN (If o RURAL and give near	utside corporate limi est town)	ls, write	c LENGTH OF STAY IN 16		utside corporate limits, w	rile RURAL and give	nearest fown)
CUMBERLAND	Ilf ant in baseital	ius steest	7 DAYS	CUMBERLAND			
d. NAME OF HOSPITAL OR INSTITUTION MEMORIAL HOS	PITAL-MEM	WICK ORIAL	AVE	53 BOONE S	STREET		e. IS RESIDENCE ON A FARM? YES NO
3 NAME OF DECEASED (Type or print)	EDGA	_	Middle T •	KOLB	4. DATE OF DEATH	Month JUNE 2	Day Year 19 58
	COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In)		EAR IF UNDER 24 HRS
MALE	WHITE	WIDOWE		AUGUST 2, 189	8 59	yrs Months Do	ys Hours Min
during most of working Machinis 13. FATHER'S NAME	lite, even it relired	done 10b.	Railroad	CUMBERLAT 14. MOTHER'S MAIDEN N	ND, MD,		S. A.
FREDE	RICK KOLB			KATTY CO	OK SHAFFE	R	
15. WAS DECEASED EVER IN			SOCIAL SECURITY NO. 17.	INFORMANT		Address	
yes	War I		05-05-4611 M	EMORIAL HOSPIT	AL CUN	BERLAND.	MD.
Conditions, if ony, gave rise to imm cause (p), stating the lying cause last.	under- DUE TO)	Corons	ery Sol	erosis	40	DISET AND DEATH TO CLUY TO CLU
5			GAMESOTATO TO SEATING	THE PERSON OF THE PERSON	TAL DISEASE CONDINGS	A GIAEM IIA LYKI IİC	PERFORMED?
200 ACCIDENT WAS E OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH !	206 DESC	RIBE HOW INJURY OCCURRE	ED (Enter nature of injury in P	ort I or Part II of item 18	3.)	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	While of work	Not while fo	ACE OF INJURY (Home, form, ictory, street, office bidg., etc.)		(Cour	(Stote)
21. I certify that alive on	I attended the	_, 12_	Length and that death		M, from the caus	ses and on the lown, state)	t saw the deceasedate stated above phate significant to the control of the contro
20. BURIAL CREMATION, REMOVAL (Specify)	226. DATE THEREO		22c. NAME OF CEMETERY C	or crematory 1 Cemetery	22d LOCATION (City, to Cumberla		(State)
3. FUNERAL DIRECTOR'S S			ADDRESS			REGISTRAR'S SIGNA	TURE
James F.	Scarpel.	li,	Cumberland,	Md. DATE PO	EN # 158	Pro 1 -	//

DATE SOIN 5

only the funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page may be retained by the hospital or ottending physician.

TO FUNERAL PIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 st., d be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the registrar prior to burial, cremation, or remayal, and in any event within 72 hayer altex death.

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Lier Sign Strains

ADDRESS

Cumberland, Maryland

Maryland

200 REGISTRAR'S SIGNATURE

24g. REC'D BY REGISTRAR

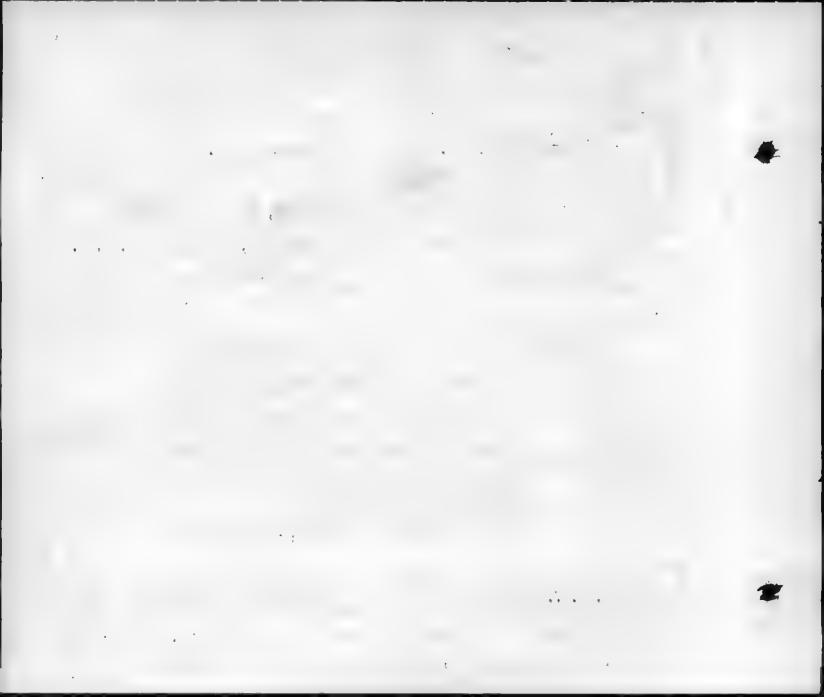
VS A15 (4) 15M 10/57 23. FUNERAL DIRECTOR'S SIGNATURE

Charles L. George

deoth.

within

executed



24

within

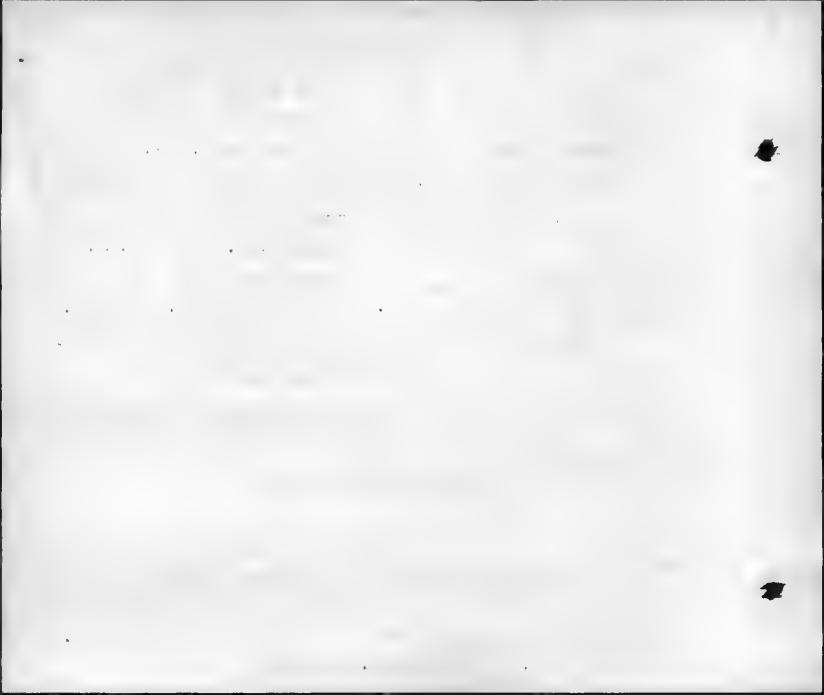
OHO.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



- IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page of		E TO FUNERA (RECTOR: After this certificate has been signed by the attending physician and campletely filled in 20, the funeral director	THE P	
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	MA	RYLA	ND STATE	DEPART	MENT OF H	HEALTH	-BALT	IMORE,	18			^
	6.	380	(CERTIFIC	CATE OF I	DEATH	1		Reg. Dis	st. No.	06	354
I. PLACE OF DEAT					II A CTATE	DENCE (Wh	iere deceased	lived If institute		ce before	admissi	on)
	llegany			MARYLAND) li = -	laryla	nd	D. COUNTY	127	anv		
	VN (If outside corpora ve nearest town) DIFFS	ta limits, w	rite c. LENGTH	OF STAY IN 18		rostbu		ole limits, write f	URAL and g	give neore	si lown)	
	SPITAL (If not in hour	oitol, g.ve :	treet oddress)		d STREET		<u></u>			e.	IS RESI	DENCE
OK INSTITUTI	Miners F	lospi	tal		/ c/o	Gunte	r Hote	I E. Ma	in,		ON A	FARM?
3. NAME OF DECEASED		First		Middle	Le	st	4. DATE OF	Mai	th	Day	Y	eor
(Type or print)	CHARLES			A.	MANN		DEATH	6		8	1	9 58
. SEX	6. COLOR OR	RACE 7.	MARRIED IN NEV	ER MARRIED	B. DATE OF BIRT	Н	5	P. AGE [In years				
M	W	WII	DOWED [DIVORCED 🔲	12-5-1	878		lost birthday) 79 yrs	Months	Days I	Hours	Min
during most of	ATION (Give kind of working life, even if	work done	10b. KIND OF BU	ISINESS OR INC	DUSTRY 11. BIRTHP	LACE (Stole	or foreign cou	intry)	12. CIT	ZEN OF	WHAT	COUNTR
atch Rep		emeo)	Own Bust	ness	Piner	Grow	e. Md.		II.	S.A.		
3. FATHER'S NAME					14. MOTHER'S	MAIDEN	IAME		3. 0	10.40.4		
illard F	ilmore Man	n			Kligah	eth V	incini	a Creek				
S WAS DECEASED	EVER IN U. S. ARME	D FORCES?	16 SOCIAL SEC	URITY NO 17	INFORMANT	C OIL V	TY BTITE		ress Grar	idson		
Yes, no. or unknown	None	ofes of service;	None	· Mr	. Donald	McNei	1,29 B	ank St.	Carne	ipe.	Pa.	
	DEATH [Enter only					V	7 .//	11-1		INTERV	AL BET	
PART I.	IMMEDIATE CAL		LELO	to Co	ardial	5	lela	alia	37 \	1		COIN
422	<u>^</u>	UE TO	~ 1			17						
Conditions,	if ony, which }	(b)	Chr	mes	dearn	Lite					2	
	o immediate (ting the under- (UE TO								_		
lying cause I		(c)										
S PART II.	OTHER SIGNIFICANT	CONDITION	DNS CONTRIBUTIN	IG TO DEATH B	UT NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19.	WAS A	UTOPSY
PART II. 200 ACCIDENT OR CONTRIBUT (IF EITHER, NO											PERFOR	NO DO
200 ACCIDENT	WAS UNDERLYING	□ 20ь	DESCRIBE HOW	INJURY OCCUR	RED, (Enter nature o	of injury in f	Part I or Part I	II of item 18.)			(A
(IF EITHER, NO	TING CAUSE OF D	FATH!										
20c. TIME OF IN		Yeor 2	10d. INJURY OCCU	IRRED 20e.	PLACE OF INJURY	Home, form	, 20f (City o	or fown)	10	ounty)		(State)
20c. TIME OF IN	m. m.		Vhile Not what work of work	ule	factory, street, affic	e bldg , etc.	1	,	10			(authe)
				11100	Q 1026	1.0.	1000	57	2			
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PHYSICIAN'S NAME (Type)	Wor	MC	Lan	2 7/	20		ma		0	1	19	138
20 BURIAL CREMA		HEREOF	22c NAME	OF CEMETERY	OR CREMATORY		22d. LOCATIO	ON (City, Iown,	or county)		(Stote)	
REMOVAL (Spe Burial	6/10/5	8	Frost	ourg Men	orial Par	rk	Frostb				Md.	
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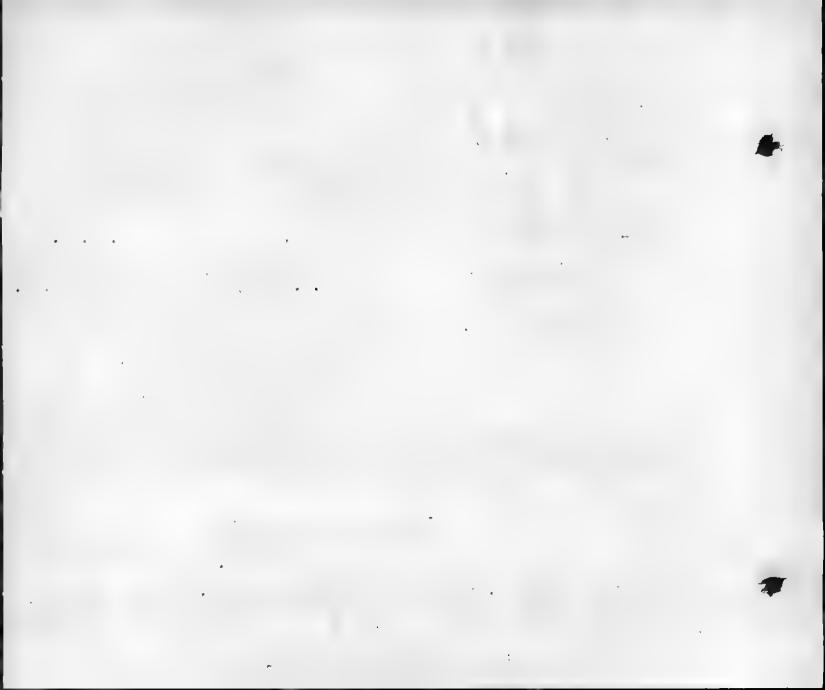


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VS A15 (4) 15M 9/55



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
= (M	6349 CERTIFICATE OF DEATH Reg. Dist. No. 06356
M	1. PLACE OF DEATH O COUNTY Allegany MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Allegany Maryland Allegany
D C	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)
,	Cumberland 4/30/58 X Barton
Š.	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Allegany County Infirmary Allegany County Infirmary e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \$\forall \(\sum \)
-	3. NAME OF First Middle Last 4. DATE Month Day Year OF
,	(Type or print) James McCormick DEATH June 15, 1958
	5 SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 10/25/1873 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
Ę	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working life, even if retired.
death	Retired—Coal Mining Barton, Maryland U. S. A.
D T	13. FATHER'S NAME
E 1	Joseph McCormick Jane Matheison 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT P.O. Box 599 Address Cumberland. McCorman.
2	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT P.O. Box 599 Address Cumberland, Mc Allegany County Infirmary Records
e e	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
<u> </u>	PART I DEATH WAS CAUSED BY: Chronic Migorial Chronic Migorial Chronic Migration (No. 1)
	- 31 DUE TO ((()) -
	Conditions, if ony, which (b) del select al article of Classes,
	couse (o), storing the under DUE TO Leave to a undiction of clife was
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
ا ق	S YES NOTE
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Not while of work of
	The state of the s
	21. I certify that I attended the deceased from 4/30/58, 19, to 6/15/58, 19, that I last saw the decease
	alive on 6/11/58, 19, and that death occurred at 11:00PMrom the causes and on the date stated above
/	ACTUAL SIGNATURE ACCESS TO THE TIME ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE ACCESS TO THE SIGNED ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE ACCESS TO THE SIGNED ACTUAL SIGNATURE ACCESS TO THE SIGNED ACTUAL SIGNATURE ACCESS TO THE SIGNED ACCESS TO THE SI
5	PHYSICIAN'S / Dr. James E. McLean Cumberland, Md.
	220. BURAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	CI 15val - Western trong mil DATEJUN 2 0 '58 Departuck



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Film Rea Dist No HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution, Residence before admiss on) necessary, please if director. Page for your files and of Health, e. COUNTY Allegany Maryland b. COUNTY MARYLAND b. CITY OR TOWN Iff outside corporate limits, write #URAL CLENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and a ve negres) town) Cumber land Cumberland. d. NAME OF HOSPITAL OR INSTITUTION, If not in hospital, give street address) d STREET ADDRESS 222 Schley St. 109 Frederick St First Modella DATE Month DECEASED OF CHARLTE MCFARLAND (Type or print) DEATH June 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH 1880 5. SEX 9. AGE (In years IFUNDER LYFAR Male Months White Dec. 21. 1879 WIDOWED (A) DIVORCED [7] death. 2, and Page 5 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 1) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Religion farmer Farm owner Everett. Penna. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Andrew McFarland Elizabeth Leader 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Mrs. Roy McFarland Everett. Penna. 211-18-1104 No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BYpencit in the r's Office of wiol-transit IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO Coronary Sclerosis Conditions, if any, which gave rise to immediate cause rd "pending"; in perfect Examiner's be used as a buri DUE TO (a), stating the underlying course fort. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOUSE, WAS AUTOPS Y 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I) or Part II of stem 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) factory, street, office bldg., etc.] Haur Not while at work of work 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection [A]. Inquiry A orded or CTOR: Suicide . Hamicide . Undetermined monner apinian death resulted fram: Natural causes 4 Accident . ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER June 24, 1958 270. BURIAL, CREMATION, 226. DATE THEREOF 22d LOCATION (City, town, or county) REMOVAL (Spec fy) 40 Providence Cemetery Everett. Penna. Burial 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24c. REC'D BY REGISTRAR 241-REGISTRARS SIGNATURE DATE JUN 2 6 '58

Cumberland, Md.

Allegany

E IS RESIDENCE ON A FARM?

YES T NO TO

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U. S. A.

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(County)

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ARYLAND STA	TE DEPARTMENT	OF HEALTH-BALTIMORE,	8
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1. FLACE GO SCATH O. COUNTY Allegany MARYLAND D. CIV DE TOWN If worked capporate limits, write and capporate limits, write and capporate limits. Write and capporate l			630	36	CERT	IFIC	ATE OF [DEATH	1	•	Reg. D	ist. No	063	358
b. CITY OR TOWN (If counted carporate limits, write BURAL and give increased from) CTCS 3DT.CWT ON ANNE OF CONTROL (If not in hospital, give street address) ON ANNE OF SOUTH AND THE STREET ADDRESS PROJECT AND THE STREET ADDRESS SEX 6. COLOR OR RACE First Middle Loui A. STREET ADDRESS First Morth Day North Death S. AGE (in year) In UNDER STREET ADDRESS For Mary Morth Day North Death S. AGE (in year) In UNDER STREET ADDRESS For Mary Morth Day North Death S. AGE (in year) In UNDER STREET ADDRESS For Mary Morth Morth Morth Day North Death S. AGE (in year) In UNDER STREET ADDRESS For Morth Day North Death S. AGE (in year) In UNDER STREET ADDRESS For Morth Day North S. AGE (in year) In UNDER STREET ADDRESS TO 19 5 88 S. SEX 6. COLOR OR RACE First Morth Morth Morth Morth Morth Morth S. AGE (in year) In UNDER STREET ADDRESS TO 19 5 88 S. SEX 6. COLOR OR RACE First Morth Morth Morth Morth Morth Morth Morth S. AGE (in year) In UNDER STREET ADDRESS N UNDER STREET ADDRESS In UNDER STREET ADDRESS IN UNDER STREET ADDRESS IN UNDER STREET ADDRESS IN UNDER STREET ADDRESS IN UNDER STREET ADDRESS IN UNDER STREET ADDRESS IN UNDER STREET ADDRESS IN UNDER STREET ADDRESS IN UNDER STREET ADDRESS IN UNDER STREET ADDRESS IN UNDER STREET ADDRESS IN UNDER STREET ADDRESS IN UNDER STREET ADDRESS IN UNDER STREET ADDRESS IN UND	1.				MAR	YLAND	a. STATE				lian: Reside	nce befo	re admiss	
Cresaptown d NAME of NOSPITAL If not in hospital, give street eddient) Residence, Cresaptown Residence, Cresapt		b. CITY OR TOWN	I (If autside carparate lii	nils, write	c. LENGTH OF STA	Y IN 15				prote limits, write				1}
NAME OF DECEMBER OF SIGN ACCUPATION (Green and diverse deal of the course of the cour	-	Cresant	PITAL (If not in haspital.	give stree	20 ye	ars	d. STREET A		aptow	m				
DECEASED Decease Dece	_		Residence	Cr	resaptown		<u> </u>							
5 SEX 6. CÓLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER PROBLEM 1. D. AATE OF BIRTH M. D. AGE (In year) (Goy Hours) Min Moust Distribution) To USUAL OCCUPATION (Give had of work done) lob. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 10 USUAL OCCUPATION (Give had of work done) lob. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 11 FATHER'S NAME 12 FATHER'S NAME 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED FUR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NOR MYS. Helen Durr, Cresaptown, Maryland 18 CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c). 17. INFORMANT NAME OF THE COUNTRY OCCUPATION (C), (b), and (c). 18 MONTH CAUSE (o) Conditions, if any, which gove rise to immediate follows (b) (c) The state of the country	3.	DECEASED		irsl			Los	1	QF .	_		De	,	
Decorption Give had diverted and each of the total of the total and each of the total of the tot	5	SEX		7. MA	3.5		8. DATE OF BIRT	Н		9. AGE (In years	IF UNDE	LYEAR		
100 SUAL OCCUPATION (Give land of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHRACE (Stoke or foreign country) HOUSE WITE 16 (were if relired) 10. SOCIAL SECURITY NO. 17. INFORMANT 11. MATCHES MADE IN J. S. ADMED FORCES? 11b. SOCIAL SECURITY NO. 17. INFORMANT 11. MATCHES MADE IN J. S. ADMED FORCES? 11b. SOCIAL SECURITY NO. 17. INFORMANT 11. CAUSE OF DEATH (Enter only one course per line for 10, 10), and (c).] PART I. DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate Due to 10							March 28	8.1889	9	69 yrs		Doys	Hours	Min
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15. WAS DECEASED VER IN U. S. ABMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address No.	13.	Housewi			Own Home				AME			USA		
15. MAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Name			Tomas Cull	0 M						. W-1				
18. CAUSE OF DEATH Enter only one coure per line for [o], (b), and (c). PART 1. DEATH WAS CAUSED BY, COPONARY OCCLUSION Conditions, if any, which gave rise to immediate couse [o], stoing the under lying couse last, (c) Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO YES YES NO YES NO YES NO YES NO YES NO YES		WAS DECEASEDE	VER IN U. S. ARMED FO	RCES7 1	6. SOCIAL SECURITY N	D. 17.		MARI	.1,142.1.					
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20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at work of wor	CAT		*Diabete:	s me	llitus			6 3	years	5				
21. I certify that I attended the deceased from 2 = 6, 19 50, to 6 - 10, 19 58, that I last saw the decease alive an 6 = 10, 19 58, and that death accurred at 4:45 Å, from the causes and an the date stated above ADDRESS (Sireet, city or town, stote) ACTUAL Page 10 Base 10 ADDRESS (Sireet, city or town, stote) DATE SIGNE ACTUAL Page 10 ADDRESS (Sireet, city or town, stote) DATE SIGNE ACTUAL Page 11 ADDRESS (Sireet, city or town, stote) DATE SIGNE ACTUAL Page 11 ADDRESS (Sireet, city or town, stote) DATE SIGNE ACTUAL Page 11 ADDRESS (Sireet, city or town, stote) DATE SIGNE ACTUAL Page 12 ADDRESS (Sireet, city or town, stote) DATE SIGNE SIGNATURE 220 LOCATION (City, town, or county) (State) PHYSICIAN'S NAME (Type) Rollin M. D. 62 Grache Street, Cumberland Maryland 22a. BURIAL CREMATION, Page 12b. DATE THEREOF PARK PROSTORY (State) PHYSICIAN'S NAME (Type) Rollin M. D. 62 Grache Street, Cumberland Maryland 22a. BURIAL CREMATION, Page 15 DATE THEREOF PARK PROSTORY (State) PHYSICIAN'S NAME (Type) Rollin M. D. 62 Grache Street, Cumberland, Maryland 22a. BURIAL CREMATION, Page 15 DATE THEREOF PARK PROSTORY PARK PARK PAGE 12 DATE THEREOF PAG		OR CONTRIBUTION	YG CAUSE OF DEATH		SCRIBE HOW INJURY	CCURR	ED. (Enter nature a	finjury in Po	art Lor Pari	t II of item 10.)				
alive an 6 = 10 19 58 , and that death accurred at 4:45 Å, from the causes and an the date stated above ADDRESS (Street, city or lawn, stote) ACTUAL Page W. Ballin M.D. 62 Greene St. 6-11-50 PHYSICIAN'S NAME (Type) Ralph W. Ballin M.D. 62 Greene Street, Cumberland, Maryland 22a. BURIAL, CREMATION, REMOVAL (Specify) Burial June 12, 1958 Frostburg Mem. Park Prostburg, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b PEGISTRARS SIGNATURE	MEDICAL	Hour a.m	۱,	While	e Not while	20e. P	LACE OF INJURY Fl actory, street, office	Home, farm, bldg., etc.)	20f. (City	or town)		County)		(State)
actual Page W. Ballin M.D. 62 Greene St. Cumberland Maryland 22a. Burial (Specify) Burial Actual Page W. Ballin M.D. 62 Greene Street Cumberland Maryland 22b. Date Thereof Prostburg Mem. Park Prostburg Maryland Address Address (Street, city or town, stote) Date stored 6-11-58 Cumberland Maryland 22c. NAME OF CEMETERY OR CREMATORY Purial 23d. ICCATION (City, town, or county) Constitute Wem. Park Constitute Page Wegistrary Signature Address 24d. REC'D BY REGISTRAR 24b PAGISTRARY SIGNATURE		21. I certify	that I attended th	e deced	sed fram 2 =	6	, 19 50	, to	5 - -	0 195	S,that I	last so	w the	decease
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Date Will 1 3 '58 (The exist				erla		and				-1 (40		/	

JUN 1 3 '58

DATE



ARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
6351	CERTIFICATE OF DEATH	

Reg. Dist. No. 6359

PLACE OF DEATH COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE MARYLA	ND b COUN		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND, MD.	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate límits, write RLAND	e RURAL and give r	searest town)
OR INST TUTION MEMORIA WARWICK AVE	odress)	d. STREET CORREST	MARY ST.,		e. 15 RESIDENCE ON A FARM? YES NO
NAME OF BECEASED (Type or print) CLARA	Middle Genevieve	MERRITT	OF	Interior	Poy Year 19 58
FEMALE 6 COLOR OR RACE 7 MARRIE	DIVORCED	B. DATE OF BIRTH DEC. 24, 190		Months Doys	HOUR MIN
la. USUAL OCCUPATION (Give kind of work done lob K during most of working life, even if retired)	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (STOTE MARYLAN	or foreign country) Cumberland	12. CITIZEN	OF WHAT COUNTR
FATHER'S NAME		14 MOTHER'S MAIDEN N	IAME		
FREDERICK H. BEA	IR .	KATHERINE	Wooner		
5, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. I	NFORMANT	A	ddress	
No,		. Roy L. Merr	itt 111 W. 1	lary St.,	Cumb. Md.
18 CAUSE OF DEATH (Enter only one couse per line PART 1. DEATH WAS CAUSED 8Y	for (o), (b), and (c) }		2.3		TERVAL BETWEEN
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Conditions, if ony, which) (b)	ancermana	A Ruch	->->		& zzean
gave rise to immediate Couse (a), stating the under DUE TO					1
lying couse lost. (c)		Total Maria			
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4	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II of item 18.)		Total Band
20c TIME OF INJURY Month, Day, Year 20d INJ Hour o.m. 19 White of work	Not white fa	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f. (City or town)	(Count	r) (Stole)
21. I certify that I attended the decease alive an 19 fame 19	-467	1 4		and an the d	DATE SIGNI
BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town	or county)	(Stote)
REMOVAL (Specify) 6/14/58	St. Luke's		Cumberland,		10.0.01
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS				
	rland, Maryla	240 KEL L	8Y REGISTRAR 24b RE	GISTRAR'S SIGNAT	URE



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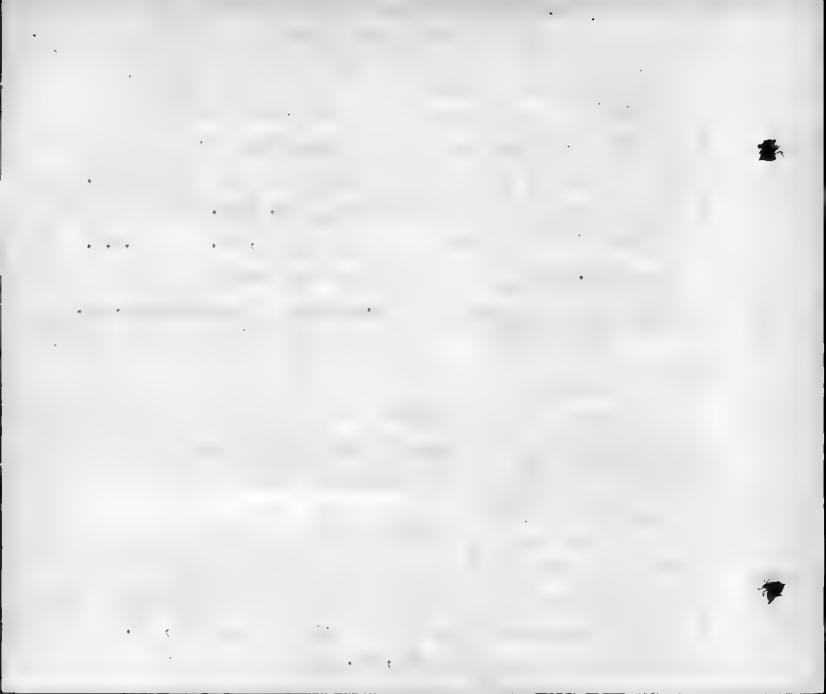
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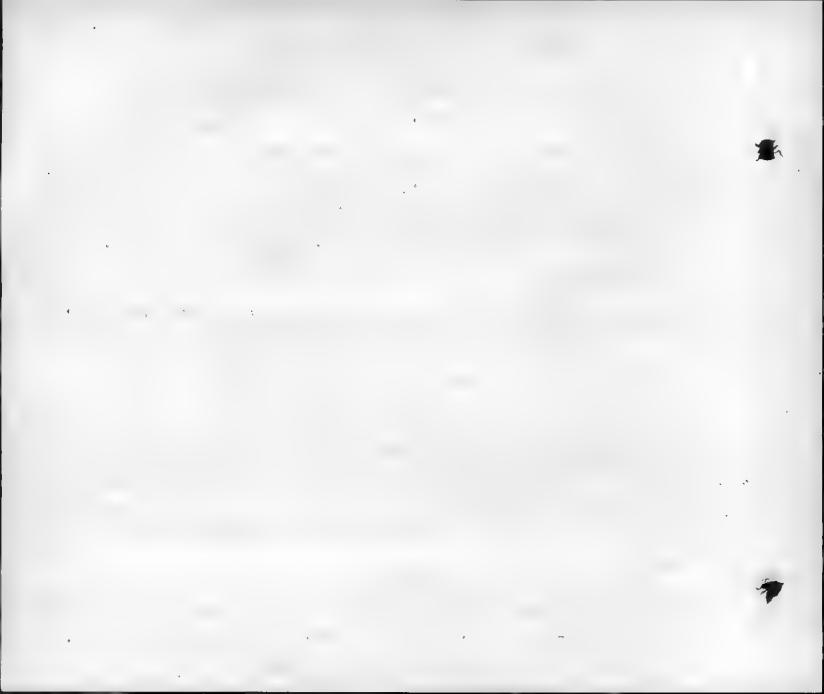
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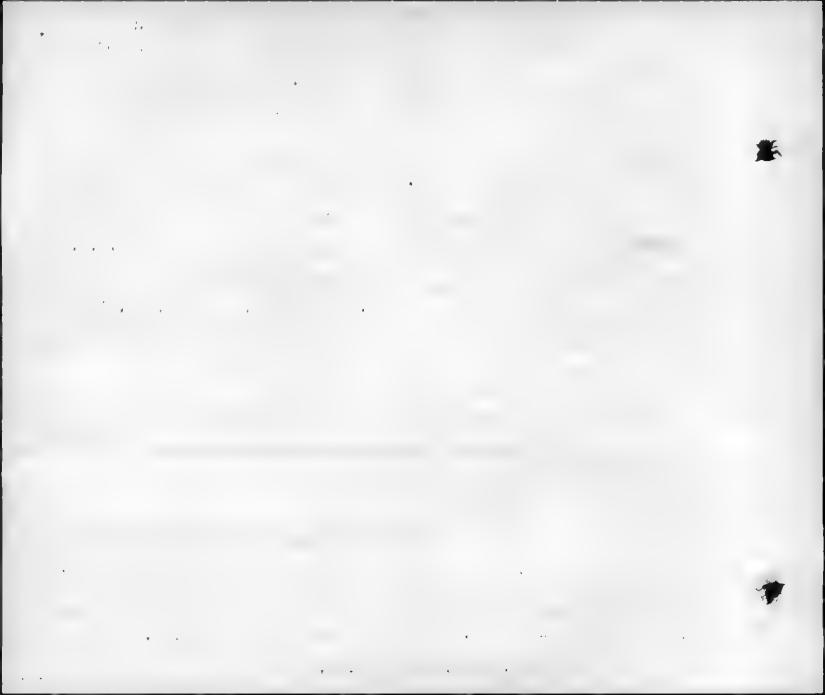
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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be enecuted within 24 hours after death. Pagi	may be retained by the haspital or attending physician.	O FUNERAM IRECTOR: After this certificate has been signed by the ottending physician and completely filled in both the funeral direct	page 3 shared be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 c. should be filed w	4
O	hu	0	-	-

	Ī	1, 1	6382 CERTIFIC	2 USUAL PESID	FNCE (Where does	med local. If mulitation 5	Residence before admission)	
1		0	COUNTY	a. STATE	7.7	b. COUNTY		
(Ni	5	ŧ	Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16		Mary lan	rporote limits, write RURA	llegany	_
·			RURAL and give nearest town)			ripordie minis, whie kuka	t und give nearest suwn)	
	ŀ		Frostburg 8 Wks. d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET AL			e. IS RESIDENCE	
61			OR INSTITUTION	/			ON A FARM?	
•	ŀ	2 5	Miners Hospital NAME OF First Middle	ll Box			YES NO-	_
	F		DECEASED	lost	4. DAT		Day Year	
	-	5. S	IVOSO III	TCHARTS		6	2 1958	
		J. J	TIES THE	9-18-18'		last birthday) Ma	INDER I YEAR IF UNDER 24 HRS	
		100	USHAL OCCUPATION (Give hand of work down 10h, KIND OF BUSINESS OR INC			82 yrs		
to de	1	100	guring most of working life, even it retired)			in country)	2 CITIZEN OF WHAT COUNTR	ì
	1	12 (FATHER'S NAME OWN HOME		Savage		U.S.A.	
-	4	13, 1			MAIDEN NAME	0.0		
		16	Peter Rarick		Lou La:	V		
2		[Yes	L no. or unknown) (If yes, give wor or date of service)	INFORMANT	~ .	Address		
	-	_		s. John	Davis,	Box 54, Eckl	nart, Ild.	
Ē			18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	2 1/2.00	111 /		INTERVAL BETWEEN ONSET AND DEATH	
<u> </u>			IMMEDIATE CAUSE (o)	HERRY	overing	-	2714	
			DUE TO	16	0-			
5			Conditions, if any, which (b) (b)	Sele	1000	·		
		- 1	couse (o), stoting the under DUE TO					
5		_	lying couse last. (c)					
	13	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO	THE TERMINAL DIS	EASE CONDITION GIVEN I	N PART 1(o) 19. WAS AUTOPSY PERFORMED?	
			in take the	7			YES NO)	
			200 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUR! OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
		MEDICAL		PLACE OF INJURY (H foctory, street, office	tome, form, 20f. (City or lown)	(County) (State)	
		W.E.	p. m. 19 While Not while of work at work	.4	oragi, oraș			
			21. I certify that I attended the deceased from Abul	5, 1958	10 766	24 2 1958 th	at I last saw the decease	
				th occurred at	11.00		an the date stated abov	
		-	01,000			(Street, cult or town, state		
ē			ACTUAL SIGNATURE 11.7111 + 1173	_ M D	Fyx 3	11/4:66	4x24 6/	
	1	1	PHYSICIAN'S		-	7. 2. 7. 1/	1676	,
			NAME (Type)			///6/	1 1430	
	3	22o.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY	22d LO	CATION/(City, fown, or co.	unty) (Stote)	
			burial 6-5-58 St. Nichael	's Ceme	tery Fr	asthure	1.4	
Ē	-				All the second s			
2	2	23 1	FUNERAL DIRECTOR'S SIGNATURE afer Funeral Home		24a. REC'D BY REC		R'S SIGNATURE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



1		MARY	LAND	STATE DEPA	RTM	ENT OF HEAL	TH—	BALT	IMORE, 1	8		
		639	88	CERTII	FIC	ATE OF DEA	TH			Reg. Dis	. N) (362
	1. PLACE OF DEATH o. COUNTY	llegany		MARY	AND	2 USUAL RESIDENCE O. STATE Md.	(Where	ieceased	lived If institution b. COUNTY		e before c	idmission)
	b. CITY OR TOWN RURAL and give	(If outside corporate limit	ts, write	c. LENGTH OF STAY I	N 3P	c. CITY OR TOWN (If outsid	e corpor	ote limits, write Rt	JRAL and g	ve negres	l lown)
	Eckhar	· ·		Lifetime		Eckhar	rt					
	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS						S RESIDENCE ON A FARM3 ES NO
	3 NAME OF DECEASED	Far	st	Middle		Lost		DATE	Mont	h	Day	Yeor
	(Type or print)	WILLIAM		F.		MICHAELS		OF DEATH	6		13	19 58
	5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	0 🗆	B. DATE OF BIRTH			AGE (In years			UNDER 24 HRS
1	M	W	WIDOW	ED DIVORCED		7-27-1869	•		lost birthday) 88 yrs	Months	Doys H	ours Min
ı	100. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OF	INDU	STRY 11 BIRTHPLACE (SI	ole or fo	reign co	untry)	12 CITI.	ZEN OF V	VHAT COUNTRY
	Jewel e	rking life, even if retired		wn busine	9.9					Г	J.S.	A
ı	13. FATHER'S NAME			W11 0 00 E110	<u> </u>	14 MOTHER'S MAIDE	N NAME					
V	Harmon	Michaels				Catherin	10 F	Io m	1022			
}	15 WAS DECEASED EN	ER IN U S. ARMED FOR	CE57 16.	SOCIAL SECURITY NO	17.	INFORMANT	10 1	1011	Addr	PAA		
4	No No	None	etvice[None	Mr	s. John Da	avis	3. E	ckhart,	Md.	(D	aughter
	18. CAUSE OF DE	ATH [Enter only one co			-	Hebat	t				INTERV	AL BETWEEN AND DEATH
	580x	IMMEDIATE CAUSE (c		Marie C.		Tregue		J			10	any
ı	Conditions, if		1			V						
1	gove rise to cause (o), stoting	immediate (,									
ı	lying couse lost		t									
	PART II O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TE	RMINAL	DISEASE	CONDITION GIVI	N IN PART	P	WAS AUTOPSY PERFORMED?
	T. 1	AS UNDERLYING DEATH G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter nature of injury	in Port I	or Port	II of item 18.)			
	20c. TIME OF INJU	IRY Month, Day, Yes	20d. II While of wor	Not while	20e, PL fa	ACE OF INJURY (Home, for ctory, street, office bldg.,	orm, 20 etc.)	of. (City	or town)	{Ce	ounty)	(Stole)
	21. I certify to	that I attended the	deceas	16//	d - 11	1956, to	My		3. 185			
		0000	- //) Les dila mai	Geom	occorred di 722	ADDI	RESS (Sty	the causes a	na on m tote)	e date :	DATE SIGNES
	ACTUAL SIGNATURE	00me	1-00	ne		м D.	10	2/	buy		6-	-14-58
ı	PHYSICIAN'S NAME (Type)	10011	70	Cane				ma				
	220. BURIAL, CREMATI REMOVAL (Specify	7)		22c NAME OF CEME					ON (City, town, o			(Stole)
	Burial	6-16-5	8	***************************************	θT	s Cemeter	-		tburg, M			
}	23. FUNERAL DIRECTO	Myreleren 23	fer E.	Funeral H Main Fros	ome		20N EC.D BA	REGISTR 2 0 'S	AR 24 NEGIS	trár's sigi	NATURE	



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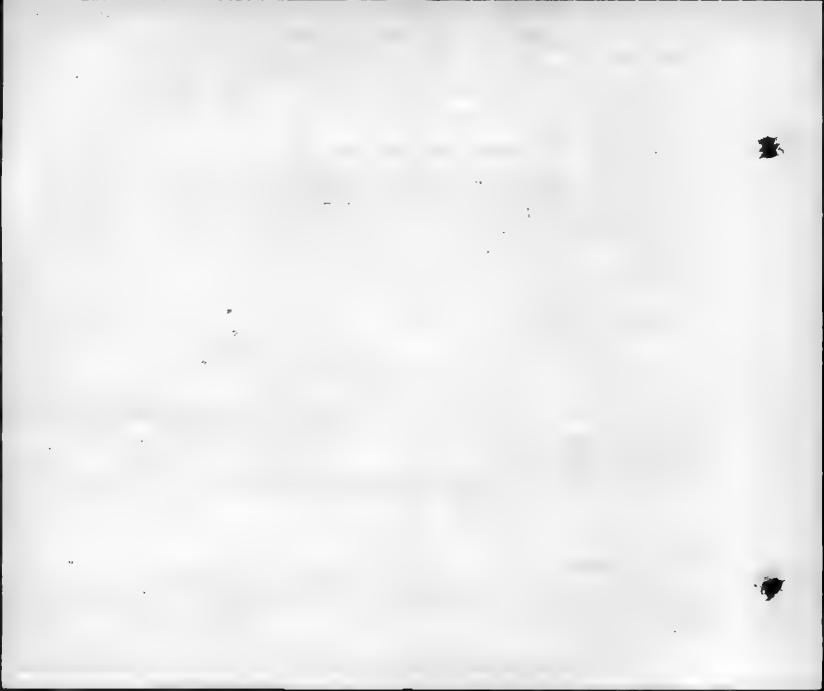
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

6202

	L		0000	CERTIFICATE OF DEATH						Reg. Dist. No.				
		PLACE OF DEATH COUNTY	Allegany	MARYLAND	marrow Plat y 1-110						Finistitution Residence before admission) COUNTY Allegany			
1		RURAL and give near						rote limits, write RURAL and give nearest town)						
/		Frost		life			mr. R							
-		OR INSTITUTION	(If not in hospitol, give street rt Flat	address	d. STREET ADDI	_	nt St	J .			IS RESIDENT	M?		
		NAME OF	First	Middle	Lost	4. D	ATE	Mon	th	Day	Yeor			
		(Type or print)	MARY	E.	MILLER	0	F EATH	June	9	8.	19 5	58		
	\$	SEX 6		RIED NEVER MARRIED	B. DATE OF BIRTH		9. AC	GE (In years	IF UNDER	YEAR H	F UNDER 24			
		female	white widow	ED DIVORCED	9-4-18		1 6	E (In years it birthday) 9 yrs.	Months	Doys	Hours M	in		
1	100	usual Occupation during most of working	I life, even if retired)	KIND OF BUSINESS OR INDU		(Stole or fore	eign country)	1		WHAT COU	INTRY		
	M_{\bullet}	cchine op	erator P	ajama factor	y Penns	ylvan	ia			U.S	.A.			
/	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAME									
		John E	. Elrick		Is	tz								
	15.			SOCIAL SECURITY NO. 17. I	NFORMANT			Addr	ess					
	‡Y+	n, no or unknown) [If y	res, give war or dates of service)			noni+	0 070			2200	+ harma			
	212-01-9798 Mrs. Marguerite Glotfelty, Frostburg													
			[Enter only one couse per I	ine for (a), (b), and (c))			Δ			INTER	VAL BETWEE	N TH		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO OND OND OND OND OND OND OND O												
		Conditions, if ony, which) to Hefrestensive (and grascular desence, 5 40 -												
gove rise to immediate									<u></u>	1	7 -			
	touse (a), stating the under OUE TO													
	z	10												
>	PERF										PERFORMED)2		
		20o. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)												
	MEDICAL	20c. TIME OF INJURY Hour o. m.			ACE OF INJURY IHom	e, form, 20f	(City or to	wn)	(Ce	ounty)	(\$	itote)		
	WEG	p. m.	19 While	Not while of work		g, earl								
		21 Leantifu that	I attended the decease	and from My 244	10/0.3	· Orin	10 8	10.45			.1 1			
				200	17.27.						the dece			
olive on										e date	stoted of	bov		
		ACTUAL	1) >					ity or lown,	stote)		DATE SI	IONE		
		SIGNATURE	Huy D.	ravis,	M.D	Br	oadwa	ay,			0/9/	2		
1		PHYSICIAN'S NAME (Type)	John B. Da	vis, M. D.		Fr	ostbi	arg, 1	1d.					
	220	BURIAL, CREMATION.	22b. DATE THEREOF	22c. NAME OF CEMETERY O	22c. NAME OF CEMETERY OR CREMATORY 22d LOCAT					DN (City, town, or county) (St				
	B	REMOVAL (Specify)	6-10-1958	F'bg. Memor		tburg. Md.			, ,					
	23.	FUNERAL DIRECTOR'S S		ADDRESS		REC'D BY R			TRAR'S SIGI	NATUPE				
		J. R. Dur		stburg. Md.		re IIIII		O C	/	· /				



06364

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No.

a. COUNTY				in: Res dence before admission)						
Allegany	MARYLAND	o. STATE Maryland b. COUNTY Allegany								
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg								
Frostburg	30 yrs.									
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	1	e IS RESIDENCE						
Miners Hospital		318 EAST 1	MAIN	ON A FARMA						
3. NAME OF Frst	Middle	Losi	4 DATE Mont	h Day Year						
(Type or print) EDWARD	LOWERY	MINNICKS	DEATH 6	15 19 58						
5. SEX 6. COLOR OR RACE 7. MARR	HED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS						
M Widows	ED DIVORCED	6-9-1907	last birthday) 51 yrs.	Months Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole of	foreign country)	12 CITIZEN OF WHAT COUNTRY						
Assistant Manager Fi	urniture Sto	re Cumberlar	nd	W.S.A.						
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME							
John Edward Minnicks	3	Adeline Lo	owery							
1S. WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. [Yes, no, or unknown] [II yes, give war or date of service]	SOCIAL SECURITY NO. 17	NFORMANT		Frostburg, Md.						
	14-07-4418 M	rs. Katherin	ne G. Minnio	eks,318 E. Mair						
18. CAUSE OF DEATH [Enter only one couse per lin	ne for (a), (b), and (s)-}		6 4	INTERVAL BETWEEN						
PART I DEATH WAS CAUSED BY: ONSET AND DEATH										
DUE TO										
Conditions, if ony, which) (b) Carry of arter, Attento										
gove rise to immediate										
cause (a), stating the under tying cause lost.										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOL 19 WAS AUTOPSY										
PART II. OTHER SIGNIFICANT CONDITIONS C	PERFORMED? YES NO EN									
20g. ACCIDENT WAS UNDERLYING 1 - 20b. DESC	20g. ACCIDENT WAS UNDERLYING 11. +20b. DESCRIBE HOW INJURY OCCURRED (Enter-miture of injury in Part I or Part II of item 18.)									
OR CONTRIBUTING D CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAT EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d, In White P. m. 19 of worl	New Section 1									
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home form, 20f (City or town) (County) (Stole)										
Hour o. m. While Not white factory, street, office bldg., etc.) p. m. 19 of work of work										
21. I certify that I attended the deceased from LARIM . 1934, to FUNY IF, 1935 that I last saw the decease										
abive an Tone 11, 1938, and that death accurred at Julian M, from the causes and on the date stated above ADDRESS [Street, city or town, state] DATE SIGNE										
SIGNATURE LANGE CONTENTE COMMON HAS BREIT CONTENTS										
PHYSICIAN'S MAICTIN M. ROT.	HSTIEZNU MOD	[13.	1. 32 Rm 1	*, .)						
220 BURIAL CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY 2	2d LOCATION (City town o	r county) (State)						
Rurial 6-18-58	ECKHART CEM	ETIPRY	-	(0.000)						
	unered home	AND ASSESSMENT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN		TRAR S SIGNATURE						
Brufal H. Mulisan 123 E. M	ain.Frostbur	g.Md. DATE .TI	N 2 0 '58 000							



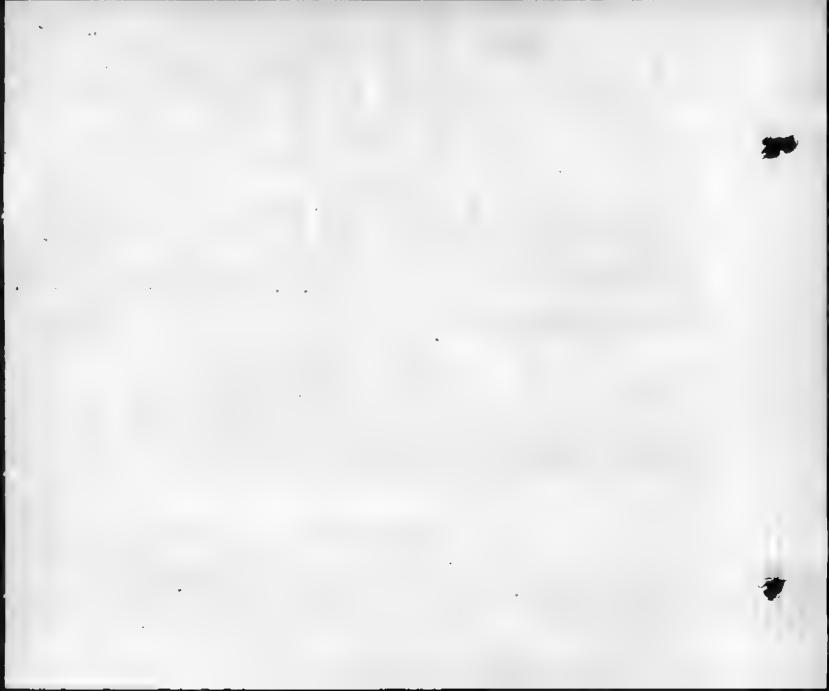
the funeral director, should, be filed with after death Page 1 M TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 may be retained by the hospital or attending physicion. TO FUNERAL SIRECTOR: After this certificate has been signed by the attending physicion and completely filled poges 3. If the detached for use as the burial-transit permit. Then please remove-carbba papers. Pages 1 like registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6352 CERTIFICATE OF DEATH

	0534						Reg. Dist.	No.		
1. PLACE OF DEATH a COUNTY			2	USUAL RESIDENCE (Who	ere deceased li	ved. If institution				
0 000111	Allegany	MARYLAND		" Maryla	Alleg	legany				
b CITY OR TOWN (If RURAL and give no	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL or					nearest town)		
	erland	1/25/54		Cu	mberl	and				
d NAME OF HOSPIT	AL (If not in hospital, give street	oddress)	1	d STREET ADDRESS	e. IS RESIDENCE ON A FARME					
	ny County In	firmary	2	30 Massac	huset	ts Ave	aue	YES NO		
3. NAME OF	First	Middle		Lest	4. DATE OF	Mont	h	Day Year		
(Type or print)	G eorge		Mit	chell	DEATH	Jun	9 .	12 1,58		
5. SEX	6. COLOR OR RACE 7 MARR	RIED 🕅 NEVER MARRIED 🔲	B D/	ATE OF BIRTH	9	AGE (In years last birthday)		EAR IF UNDER 24 H		
Male	White wow	ED DIVORCED	Ma	y IL, 189	15	63, yn	Manths Da	iys Hours Mi		
10a. USUAL OCCUPATION during most of work	ON (Give kind of work done 10b	KIND OF BUSINESS OR IND	USTRY			ilry)		N OF WHAT COU		
Retired-	Restrauant	Business		(Asia Min	or) T	urkey		U. S. A.		
13. FATHER'S NAME	*		14	14. MOTHER'S MAIDEN NAME						
Earne				Sylvia Alexoudi						
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT D. O. BOY 599 Address Chimbert And									
No ALLEGANY COUNTY INFIRMARY REC										
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)										
PART I. DEATH WAS CAUSED BY: KORONANI SCLLRODE 2										
DUE TO										
Conditions, if any, which) (b) Olysteral Treleibiehaldy.										
gove rise to immediate cause (a), stating the under:										
lying couse last.	lying cause lost. (c) The west of the west of the second o									
PART II OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	TON TE	RELATED TO THE TERMIN	NAL DISEASE C	ONDITION GIVE	EN IN PART 1	o) 19. WAS AUTOI PERFORMED		
<u> </u>	O Ligh		14	REGLA				YES NO		
THER, NOTIFY	S UNDERLYING \(\) \(\frac{70b.}{20b.} \) DESI \(\frac{1}{20b.} \) D	CRIBE HOW INJURY OCCURI	RED/(Er	iter natur y of injury in P	'art I ar Part II	of item 18.)				
ZOc. TIME OF INJURY Hour a.m.			PLACE (OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or	r tawn)	(Cou	nly) (St		
₹ p. m.	19 While of work			0	1					
21. I certify th	21. I certify that I attended the deceased from 124 25, 1954, to Jewe 12, 1956, that I last saw the deceased									
alive an										
1 (1)	ADDRESS (Street, city or town, stote) DATE SIGNED									
ACTUAL SIGNATURE										
PHYSICIAN'S										
NAME (Type) DI	. James E. M	lcLean		Cumber	rland,	Maryl	and			
220. BURIAL, CREMATION		22c NAME OF CEMETERY				N (City town, a		(Stote)		
Burial Specify	6-14-58	Zion Memor	al	Park	Cumbe	rland,	Md.			
23. FUNERAL DIRECTOR'S		ADDRESS		24a. REC'D	BY REGISTRA	R 24b REGIS	TRAR'S SIGNA	ATURE		
James F. S	Scarpelli Cum	berland, Md.	,	DATIUN	1 6 '58	Perk		9		



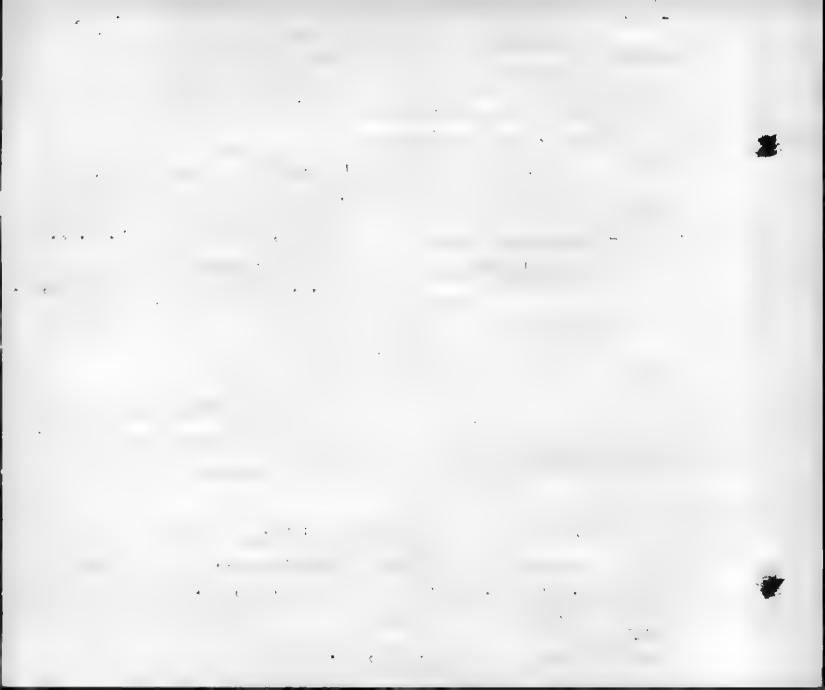
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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		633	54	CERTIFIC	CATE OF	DEATH	1		Reg. Dist.		00002	
1.	PLACE OF DEATH a. COUNTY	Allegar	n y	MARYLAN	I n. STATE	Mary		lived. If institute b. COUNTY			ssion)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 6/6/55					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Midland							
	d. NAME OF HOSPITA	At (If not in hospitol, go	ve street address)		1	ADDRESS				ON	SIDENCE A FARAS	
3	NAME OF DECEASED (Type or print)	First Man		Middle Ann	O fRo	urke	4. DATE OF DEATH	June	th	Day	Yeor 1958	
	sex Female	White	WIDOWED [NEVER MARRIED K	3/16	/1872		AGE (In years lost birthday) yrs.	Months Do		ER 24 HRS	
R	during most of work	N (Give kind of work doing life, even if retired) Housewor	. 1	OF BUSINESS OR IN		PLACE (Stole)			12. CITIZE		A •	
13.	FATHER'S NAME	atrick O	Rourke			s maiden n	_	aven				
15 (Y	WAS DECEASED EVER	IN U. S. ARMED FORC If yes, give wor or dates of ser	ES? 16. SOCIAL	SECURITY NO. 17	Allegar	.O.Bo) Add			nd,Md.	
MEDICAL CERTIFICATION	20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)) (County) (Stotel)											
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Dr. Jame	s E. M	Thea cLean	ZMD. 49		ne St		5707e)	6/2/	58	
724	BURIAL, CREMATION REMOVAL (Specify)	6/4/58		St Miche			22d LOCATI	ON (City, town, c	County)	Ma	ite)	
?3.	fünkkai bikketors George	SIGNATURE Eickhorn		onaconir	g, Md.	240. REC'D	ey registr 4 '58	17.3	TRAR'S SIGNA	TURE		



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



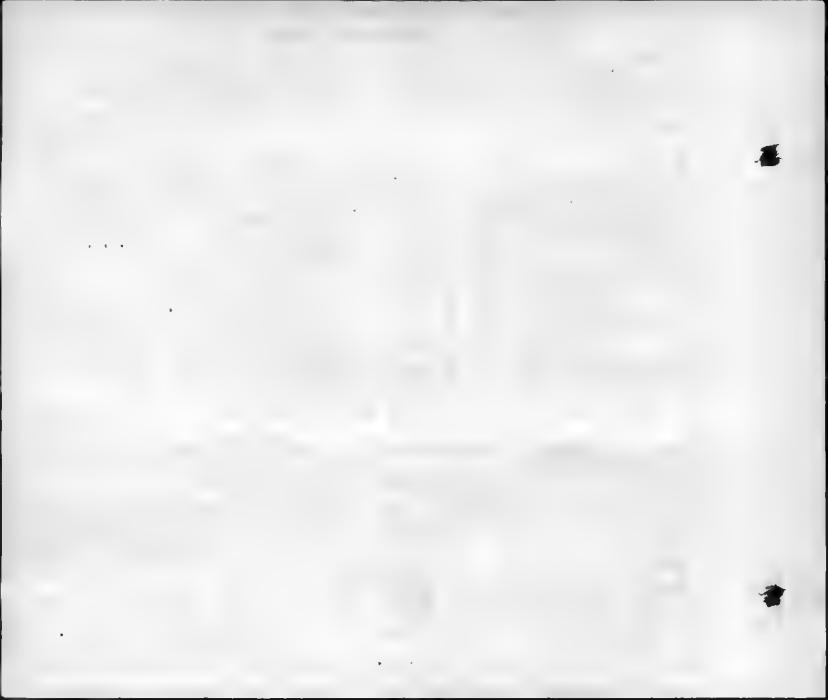
VS A15 (4) 15M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6385 CERTIFICATE OF DEATH

Reg.	Dist.	No.	0	6	3	6	5	Ì

1,	PLACE OF DEATH	***** All	gany	MARYL	- 11	USUAL RESIDENCE (W	Vhere decease	d lived. If instituti b. COUNTY	an: Residence be		onj
3	Frostburg	autside corporate fimi arest tawn)	is, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF	·	orate limits, write R	URAL and give r	earest town	1
	d. NAME OF HOSPIT	AL (If not in haspitat, g Depot Terrs		oddress)		49 Depo		ace		e, IS RESI ON A YES	DENCE FARM? NO
	NAME OF DECEASED (Type or print)	Fir Nellie	ıl	Middle	Poll	Last	4. DATE OF DEATH	Mor		-,	9 58
5.	SEX Pemale		7. MARR	HED NEVER MARRIE	8. 1	PATE OF BIRTH		9. AGE (in years lost birthday)	IF UNDER 1 YEA	AR IF UNDE	
A.,	. USUAL OCCUPATIO		lone 10b.	KIND OF BUSINESS OF Own home		11 BIRTHPLACE (SIGN		aunitry)	12 CITIZEN		COUNTRY
13.	FATHER'S NAME	- W/	12	is		4 MOTHER'S MAIDEN	NAME	Son	lita		
		R IN U. S. ARMED FOR Ill yes, give war or dates el s		SOCIAL SECURITY NO.		e Pollock	Frost	burg. Md.	ress		
		mmediate ()	re for (a)-(b), and (c).) Cayd	ai	hune.	Han	flisie		NET AND	
CERTIFICATION				CONTRIBUTING TO DEA			· ^		/EN IN PART 1(a)	19, WAS A PERFOI YES	NO NO
	(IF EITHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OF							
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Manth, Day, Ye	White at wor	Not while		OF INJURY (Home, far y, street, office bldg , e		y of tawn)	(Count	·y)	(State)
	21. I certify the alive on ACTUAL SIGNATURE	at I attended the	deceas	ed from June 5 , and that	death o	ccurred at		m the causes of treet, city or town,		late state	
	PHYSICIAN'S NAME (Type)	John	R	. DA	is,	MOFR	154	\$4R9	, mo	/,	
220	BURIAL CREMATIO REMOVAL (Specify) BURIAL	6/20/58)F	Memioral		REMATORY	Fro	stburg		(State	
23.	FUNERAL DIRECTOR	S SIGNATURE	W	esternport,	Md.		JUN 2 0		STRAR'S SIGNA	URL	



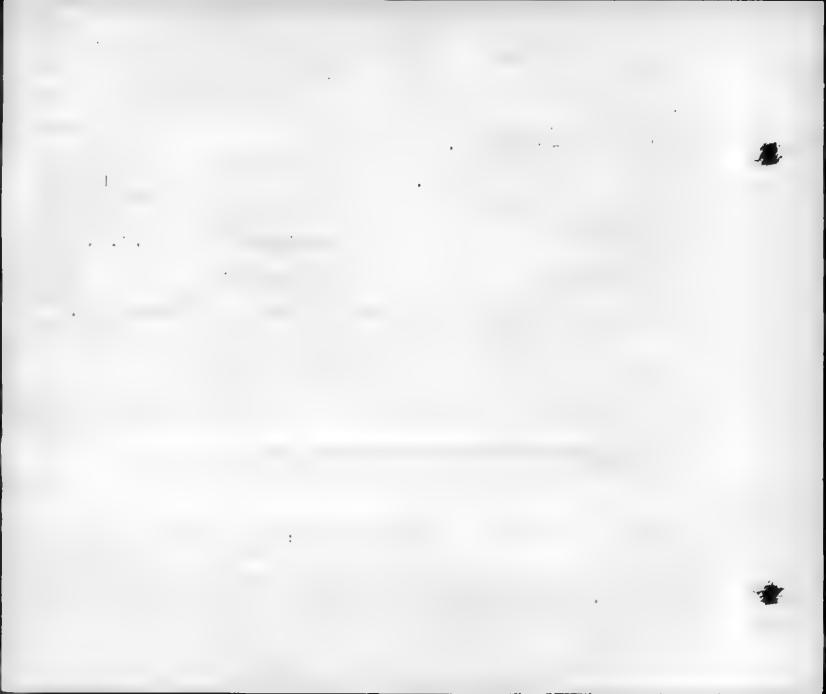
,			639	9	CERTIFIC	ATE OF DEA	HTA		Reg. Dist. N	0.00	277
lii j	1. F	Alleg	any		MARYLAND	2 USUAL RESIDENCE o. STATE	Va.	sed lived If institute b. COUNTY	Minera	_	sion)
00	ŀ	CITY OR TOWN (If	outside corporate limi	ts, write c. LEt	NGTH OF STAY IN 16			porote limits, write R	URAL and give n	earest fow	n) -
17 ()	(rural) R	it. 5, Cui	mberlan			t Ashby	у,	٠	*****	
	•	OR INSTITUTION	AL (If not in hospital, g	ive street address		d. STREET ADDR	ESS				SIDENCE A FARM? NO
	(IAME OF IECEASED Type or print)		y Susan	Middle Pownell	Lost	4. DATE OF DEAT	_	_	-,	Year 19 58
	S. S	female	6. COLOR OR RACE white	WIDOWED 🐴	DIVORCED [June 21,	1872	9. AGE (In years lost betiedoy) 9 yrs.	Months Doys	R IF UND	ER 24 HRS Min.
	10a	during most of working house-	ing life, even if retired		or Business or IND	JSTRY II. BIRTHPLACE Cedar	(State or foreign		12 CITIZEN	OF WHAT	COUNTRY?
١/١	13.	ATHER'S NAME				14. MOTHER'S MAI					
			Dawson				Emily 1	Dawson			
			IN U. S. ARMED FOR If yes, give wor or dates of s	ervice]	security No. 17.	us mary	Wago	Add	nort a	skb	+ wr
		18. CAUSE OF DEAT	TH [Enter only one co	use per line for (o), (b), and (c).]					TERVAL BE	
		PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	· GR	nplechi	Shake				iset and ろん	e P
		7X	DUE TO	,	1.0	4	4			_	
		Conditions, if on		<u>, Ser</u>	unling	of vitirs	nlun	~		5 4	-
		cosse (o), stating the lying couse lost.									
	CERTIFICATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GIV	EN IN PART 1(a)	PERFC	AUTOPSY ORMED?
		20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE H	IOW INJURY OCCURE	ED. (Enter noture of inju	ry in Port I or Po	ort II of item 18.)			
	MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes		lat white	LACE OF INJURY (Home actory, street, office bld	, form, 20f. (Ci j., etc.)	ly or town)	(County)	(State)
		21. I certify the	at I attended the	deceased_fro		1953,19	6-1	19.58	,that I last :	aw the	deceased
		alive on(., 12 58,	_, and that deal	h occurred at 3.		m the causes a			
		ACTUAL SIGNATURE	Lewin	Ami	20	м.в. 570	- Nin	Street, city or town,	stote)	Ĝ	ATE SIGNED
- 1		PHYSICIAN'S NAME (Type)	EWIS	BR	ING-S	Co	mhul	mul	Md		
	220	BURIAL, CREMATION REMOVAL (Specify) Temoval	0-11-5	4	NAME OF CEMETERY Fort Ashb	or crematory y Cemeter		ation (city, town, ort Ashby		ral,	- 4
	23.	UNERAL DIRECTOR'S	SIGNATURE		DDRESS	240	REC'D BY REGI	STRAP 245 PEGIS	TRAR'S SIGNATI		
					mey, W.	Va.		TEO I I also	/	H	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) a. COUNTY files. Health, b. COUNTY Allegany MARYLAND legany h. CITY OR TOWN If outs de corporate limits, write PLRAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporate limits, write RURAL and g've nearest lown) and once nearest town your dof Route 4. Cumberland 26 years Route 4. Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FA" W? Christie Road Christie Road YES NO TO 3. NAME OF 4. DATE Middle Month DECEASED OF (Type or print) CLETUS RLLSWORTH DEATH PRICE 5 may be 1 2 with the June Off 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE |In years IF UNDER TYEAR IF UNDER 24 HRS fast birthday) Months Dovs Hours WIDOWED [DIVORCED [Male WES. 3. Poge 5 100. LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 22 during most of working life, even if refired) Amer. Legion Post Steward West Virginia USA within 24 hours after 1, 18. Give Poges 1 1g with form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Josephine Gibbs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Yes WW2 Mary M. Price Route 4. Cumberland. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). guolo ONSET AND DEA H PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) bariol transit s Office DUE TO Conditions, if ony, which gave rise to immediate couse DUE TO (a), stating the underlying b cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17, WAS AUTOPSY esed PERFORMED? Berlinson' NO D 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Fort II of item 18.) 20a, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. THAT OF INJURY Month, Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour a. m. Not while of work of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion death resulted from: Natural causes X, Accident 7, Suicide . Hamicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** PELIC DEPUTY MEDICAL EXAMINER NAME (Type) 270. BURIAL, CREMATION, 22b. DATE THEREOF 22d LOCATION (City, town, or county) REMOVAL (Specify) 40 Arlington Nat. Cem Arlington, Va-23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 240. REC'D BY REGISTRAR DATE JUN 1 8 VS. ALSME Byron Kight, Cumberland, Md.





VS A15 (4) II5M 10/57

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5 #	2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6386 CERTIFICATE OF DEATH

Reg. Dist. No. 06373

	1. PLACE OF DEATH o. COUNTY Allega	ny	MARYLAND	2. USUAL RESIDENCE (W) o STATE Pennsy]		ived If institution b. COUNTY	Alleghe	·
1	b CITY OR TOWN (If outside c		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a		le limits, write RI		
)	Frostburg)	4 days	Pittsbu		/	4	
	d NAME OF HOSPITAL (If not	in hospital, give street o		d STREET ADDRESS	<u> </u>	3		e. IS RESIDENCE
New York	or institution liners Hosp		•	1461 Or	onton	Street		ON A FARM? YES NO [X]
	3. NAME OF	First	Middle	lost	4 DATE	Mon		
	DECEASED (Type or print)	ATT.	LOUIS	RETHIS	OF DEATH	6	ih Do	19 58
	5 SEX 6. COLO	R OR RACE 7 MARRI	ED A NEVER MARRIED	B DATE OF BIRTH	9	AGE IIn years	IF UNDER I YEAR	IF UNDER 24 HRS
	M W	WIDOWE		7-18-1901		fost birthdoy)	Months Doys	Hours Min.
	100 USUAL OCCUPATION (Give k	and of work done 10b X			or foreign covi		12 CITIZEN C	OF WHAT COUNTRY?
	during most of working life, en live Sup	ren if retired)		rervisor Pi				S.A.
	13. FATHER'S NAME	4.6.2	21001.21100 50	14. MOTHER'S MAIDEN N		4_44	1 0.	D + 4% +
	John Reihms				ousen			D
	15 WAS DECEASED EVER IN U. S	ARMED FORCES? 16. S	OCIAL SECURITY NO 17	INFORMANT	Juseir	Addr	es Pitts	bur h 4.
	(Yes, no or unknown) (If yes give w	rar or dates of service)	2-03-2201	o Olema De	1 hma		A 3. U U U	_ /
				'S. CIEFS RE	7.111.15	TAOT	Orator	
	18. CAUSE OF DEATH [Enter	7.4	rior (o), (u), and (c) }	Cool	6 12	(ERYAL BETWEEN
	IMMEDIA	TE CAUSE (o)	asalow	Crore	i wess	Letter	20 11 0	-doings
	1 / /	DUE TO					1	
	Conditions, if any, which gove tise to immediate						V	
	couse (a), slating the <u>under-</u>							
	lying couse lost.) (c)						
-	PAIN III. OTHER SIGNIE	ICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE (CONDITION GIV	EN IN PART 1(0)	PERFORMED?
-	5							YES NO
	Pam II. OTHER SIGNIF	YING 206. DESC OF DEATH EXAMINER!	RIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in I	Port For Port II	of item 18.)		
	20c. TIME OF INJURY Month, Hour o, m, p, m.			ACE OF INJURY (Home, form	n. 20f (City o	r town)	(County)	(Stote)
	Hour o, m,	19 While of work	table willing	ciory, sireer, office plag., etc	-1			
	21. I certify that I atte	anded the decease	d from 5-31	1058 10	6-2	1057	that I last a	aw the deceased
	glive on 6-2	10 3	and that death	occurred by 131	74 6	4h		
	Unive On	- 4	A A	. 40001100 0055		et, city or town,		ite stated abave
	ACTUAL SIGNATURE	P. Solie	Va 8	39111	Tra			6/2/5
	SIGNATURE	0 0		MD		722 96		-
	PHYSICIAN'S NAME (Type)	() ie	FIL MI	D. Fize	sot t	ura	, ma	1
	220. BURIAL, CREMATION, 226. D	ATE THEREOF	22c NAME OF CEMETERY C		22d LOCATIO	N (City, town,	r county)	(\$10°e)
	burial 6-	5-58 Je	fferson Her	orial Park	Allegi	henry	ounty.	Pa.
	23. FUNERAL DIRECTOR'S SIGNATU	Mafer Fu	neaposes Home	24a. REC'	D BY REGISTRA	R 245 REGIS	TRAR'S SIGNATU	
	1). H. Merlesan	723 E. ha	in, Frosthi	ire Md DATE JI	UN 6 '51	B L.S.	In o Procedo	



	MARYLAND STATE DE	PARTMEN	IT OF HEALTH	-BALTIMO	RE, 18	0.0	-
	6387 CER	TIFICAT	E OF DEATH	1	Rea	US. Dist. No.	374
	1. PLACE OF DEATH o. COUNTY Allegany	ARYLAND 2.	USUAL RESIDENCE (Who	a h 1		legany	nission)
M	b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Frostburg	1 /	c. CITY OR TOWN (If at	itside corporate limits			wn)
11	d. NAME OF HOSPITAL (if not in hospital, give street oddress) OR INSTITUTION Miners Hospital		d STREET ADDRESS	treet		10	ESIDENCE A FARM?
	3. NAME OF DECEASED (Type or print) FIORA JANE	idle Ribit	Lost	4. DATE OF DEATH	Month 6	Day 8	Yeor 19 58 •
	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MA WIDOWED DIVO		ATE OF BIRTH DV. 5.1886	9 AGE (DER TYEAR IF UN	DER 24 HRS
	10a USUAL OCCUPAT ON (Give kind of work done during most of working life, even if retired) Housework Own Home	S OR INDUSTRY	Coal City,	Illinois	12	U.S.A.	AT COUNTRY
()	Robert White		MOTHER'S MAIDEN NA Jane Nesbit	AME			
	15 WAS DECEASED EVER IN J. S. ARMED FORCES? 16 SOCIAL SECURITY No. or unknown) (If yes, pore wor or doles of service) None None		mant Lfred Rephan	m,38 Uhl	St.,Fro	(Husb stburg;	
	18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: MMMEDIATE CAUSE (o)	ten Len	northo	there I	Cleron	interval onseting	BETWEEN ID DEATH 2-day
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO COLLING TO CONTRIBUTING TO OR ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	- Comb	lete mante	extorm	9918	PER	AUTOPSY FORMED?
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE (factory,	OF INJURY (Home, form, street, office bldg., etc.)	20f. (City or town)		(County)	(State)
	21. I certify that I attended the deceased from alive on \$19.58, and the signature \$19.58, and the signature \$19.50 and t	mo. 1 D, EMETERY OR CRE Memoria	FRO.	M, from the coopers (street, city of B) St B (2010) And the coopers (street, city of B) And the coopers (street, city of B) The	ouses ond o or lown, stotel	id 6, MI	ote)
	23. FUNERAL DIRECTOR'S SIGNATURE Hafer FuneralsSHO		24a. REC'D	8Y REGISTRAR 24	B REGISTRAR		



death.

11111111111



Reg. Dist. No.

e. IS RESIDENCE ON A FARM?

YES NO

Year

19.58

Allegany

30

Days

Manthy

IF UNDER TYEAR IF UNDER 24 HRS

Hours

12 CITIZEN OF WHAT COUNTRY U. S. A. Unknown Address Timothy Thomas Eckhart Mines Md. INTERVAL BETWEEN ONSET AND DEATH 3 tars. PERFORMED? YES NO 🔀 (County) (Slote) 1958 that I last saw the deceased and that death accurred at 62 P. M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d LOCATION (City, town, or county) Md. 246 REGISTRAR'S SIGNATURE



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6389 **CERTIFICATE OF DEATH** director ofter death. Page 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a COUNTY a. STATE Maryland b. COUNTY Allegany MARYLAND funeral b. CITY OR TOWN (If ourside corporate limits, write c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town! Frostburg 70 1ife Frostburg d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 41 W. Main St. Main St.. 3. NAME OF **First** Middle 4. DATE Month DECEASED ROBERTS ANNTE JUNE (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years B. DATE OF BIRTH last birthday) female white WIDOWED T DIVORCED [10a. USLAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) own home Maryland housework 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mathias Rodde Ann Hicks physicie IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address Richard MacMannis, Frostburg. none IB. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY 0 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY 20e PLACE OF INJURY (Home, form, Doy. 20d. INJURY OCCURRED 20f (City or lawn) factory, street, office bldg., etc.) While Not while of work of work 21. I certify that I attended the deceased from 1950 that I last saw the deceased , and that death occurred at Z. H. M., fram the causes and on the date stated above alive an DIRECTOR ADDRESS (Street, city or town, state) ACTUAL SIGNATURE Main St O HOSPITAL OR PHYSICIAN'S C. Diehl. M. D. Frostburg. NAME (Type) FUNER 226. DATE THEREOF 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lawn, or county) Burial Memorial Frostburg. 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

Frostburg. Md.

Durst.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

VS A15 (4) 15M 10/57

Allegany

IF UNDER TYEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

(Store)

(State)

12. CITIZEN OF WHAT COUNTRY U.S.A.

Days

(County)

Months

ON A FARM

YES TO NO TO

Year

10



CERTIFICATE OF DEATH

Ren Dist No.

+										Mall min	10 140	
) 1.	OLUMNIEGANY			MARYL	AND	2 USUAL RESID	ENCE (Wh	ere deceases	d lived. If institu b COUNT			idmission)
	CUMBERICAN	outside carporate limi rest tawn)	ts, write	30 DAYS	N Ib		OWN (IF &		rate limits, write	RURAL and gi	ve nearest	fown}
Г	OR INSTITUTION ME MC	RIAL HOSP		dress}		/ d. STREET A	DDRESS #3.	BEDFO	ORD ROAD)	1 0	S RESIDENCE ON A FARM? ES NO FA
2	NAME OF							T				
L	(Type or print)	EDGAR		WILLIA		Losi S	EE	4. DATE OF DEATH	JUN	enth IE	24 24	1958
	MALE	WHITE	7. MARRIE	DIVORCED		SEPT.		897	9. AGE (In year last birthday) 60 yr	Months		OUTS Min.
10	o. USUAL OCCUPATION during most of working Millworker	ng life, even it relired	1	umber Co.	INDUST	RY 11. BIRTHPL		- 50	rth Bran		S.A	VHAT COUNTRY
13	FATHER'S NAME		***			14. MOTHER'S	MAIDEN N	IAME				
	-Nathaniel						A STI	CKLEY				
15	. WAS DECEASED EVER	IN U. S. ARMED FOR	levice!	8-16-2638		FORMANT FOR FAL H	OSPIT	AL, M	EMORIAL	& WARW	ICK S	STS.
Z	PART I. DEAT 56/./ Conditions, if an gave rise to im couse (a), stoling the lying cause last.	mediate (Suta , Fe	mea au istuil 6	les-	oxie) tructer	les	cord	De fa	· lene	So 28	leys days
CERTIFICATION	260 ACCIDENT WAS OR CONTRIBUTING I	me nel	lete	- 4	240	Quept	1520	is 10	E CONDITION G	eling to	P	ERFORMED?
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Yes	White ot work (URY OCCURRED 2 Not while at work	foci	CE OF INJURY () ory, street, office	ome, farm, bldg., etc.	20f. (City	or tawn)	(Co	ounly)	(Stole)
	actual SIGNATURE THYSICIAN'S	of I attended the	19_S	, and that c	30 death	accurred at.				and an the		the deceased stated above DATE SIGNES
72	o BURIAL CREMATION	, 22b DATE THEREC		22c. NAME OF CEMET					IION (City, town			(State)
	REMOVAL (Specify)	6/26/58		Davis Mem	ori	al Cemet	cry	Cum	berland,	Hd.		
23.	FUNERAL DIRECTOR'S		umber1	and, hd.				BY REGIST	RAR 246. REC	SISTRAR'S SIGI	NATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNER* RECTOR: After this certificate has been signed by the attending physician and completely filled page 3 s*** d be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the registral prior to burial, cremation, ar removal, and in any event within 72 hours after death.

the funeral director, should be fited with

VS A15 (4) 1SM 10/57



Year

yeur

(State)

19 58



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

			6360	T-	tem 8	CERT	IFIC/	TE OF	DEAT	Ή			Reg. Di	st. No.	06	380
1	1.	PLACE OF DEATH O. COUNTY ALLEGA	/MX			MAR	YLAND	2. USUAL R o. STATE	ESIDENCE (V	Where dece	ased live	d. If instituti	an- Resider	ce befor	e odmís	sian)
and the same		b. CITY OR TOWN (If RURAL and give nec	outside corporate limi prest town)	its, write	c. LENG	TH OF STA	/ IN 16	c. CITY C	R TOWN (If	f outside co	rporate	limits, write R	URAL and	give nea	rest fow	n)
	H	CUMBER d NAME OF HOSPITA		rive stre		DAY	S		IDGE LE	I					AC DE	
		OR INSTITUTION	HEART HO					3		BLEY	Sm			,	ON /	SIDENCE A FARM? I NO III
		NAME OF DECEASED (Type or print)	Fin			Youn	_		Lost	4. DAT OF DEA	E	Mon		20		Yeor 19 5
	5. 1	SEX	6. COLOR OR RACE	7. MA	RRIED N	EVER MARR	IED 🔲	B. DATE OF BI	RTH	1899	9. A	GE (In years	IF UNDER			
	_	MALE	WHITE	<u>. </u>	WED 🗀	DIVORC		NOV.	28, 4	819	E	58 yrs	Months	Doys	Hours	Min
	10a		ng life, even if retired	done 10)			OR INDUS	1	IPLACE (Stot			γÌ	12. CI1			COUNTR
100	13	FATHER'S NAME	er		Silk				ST VI		A			U.0) a	
Į			RSON SELL	(DEC	EASED)			r's maiden BAEL W		as ((DECEAS	SED			
_	15. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	ernce	6. SOCIAL SI			PORMANT				Add	ress			
	L	No			217-10			ATTENT	CHAR	T						
		1B CAUSE OF DEAT	'H [Enter only one co H WAS CAUSED BY:	use per	man -	1.	1	A	4	~	#	ocin				TWEEN
			IMMEDIATE CAUSE (a		1166	leg.	1600	66-1	1/2/ 1	114164	-4-6.	0.03.71		4	>>	ap
		Conditions, if an			Inn	lerce	20	cler	naci	4				13	-720	6-1
		gove rise to im cause (o), stating th lying cause lost.	mediote (
"5	CERTIFICATION	PART II. OTHE	R SIGNIFICANT CON	DITION	S CONTRIBUT	TING TO DE	ATH BUT	NOT RELATED	TO THE TERM	MINAL DISE	ASE CO	NDITION GIV	EN IN PAR	T 1(o) 19	PERFC	AUTOPSY RMED?
		200. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY A	UNDERLYING TO CAUSE OF DEATH AEDICAL EXAMINER)	20b. D	ESCRIBE HOV	W INJURY C	OCCURRED	(Enter noture	e of injury in	Port I or I	Port II of	f item 19.)				
	MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Month, Day, Yes	Whi	INJURY OC	while	20e. PLA fac	CE OF INJUR	Y (Hame, for fice bldg., e	rm, 20f (0 fc.)	City or to	own)	(4	County)		(\$tote
		21. I certify the	it I attended the	dece	sed from	mo	CK/	9.195	8 to 3	hini	ブル	0 105	that I	last sa	u the	decens
		alive an	me 19	19	5-8			accurred o	1:25	A .M. fr	am th	e couses o				
		ACTUAL SIGNATURE	111.090	(10	ak	la A	0 1	0				city or town,		الدن	10 Pi	ATE SIGN
ž			mee 1 6 1/ 0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4 1	A.D	LLLL	/ 6 64		19160	7		1/5	1/3
ř			W. TREVASI		,SR.			7-	20 B	ALTIM	ORE	AVE.	CUMRE	RLAI	D,	MD.
		BURIAL, CREMATION REMOVAL (Specify)		f 195				CREMATORY L Cem.		1 _		(City, town, o			(Stot	e)
	_	FUNERAL DIRECTOR'S		1.00	ADD		O1 1a.	L CCIT	24a REC	D BY REG		rland,	IICL.	SNATURI		
		Charles L	. George	(Cumter	land.	Hd.			UN 🕏 3		au-	Les	El.		

ed



S SEX

13. FATHER'S NAME

100. USUAL OCCUPATION IS during most of working House wor

John Seib IS WAS DECEASED EVER IN No No

NAME (Type)

220 BURIAL CREMATION.

REMOVAL (Specify) Buriel

CERTIFICATION

MEDICAL

	ARTMENT OF HEALTH—BALTIMORE, 1	18
6390 CERTI	IFICATE OF DEATH	Reg. Dist. No() 6381
PLACE OF DEATH COUNTY Allegany MARY	2. USUAL RESIDENCE (Where deceased lived. If institute o. STATE b COUNTY	on Residence before admission)
b. CITY OF TOWN (If outside corporate limits, write Frostuurs town) Life time	Frostburg	
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Miners Hospital	d. STREET ADDRESS 12 Hill Street	e. IS RESIDENCE ON A FARM? YES NO W
NAME OF DECEASED (Type or print) Wilhelming	Sewingly OF DEATH 6	27 1958.
F 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCE	4-25-1907 (ost 51 doy)	Months Days Hours Min
usual Occupation (Give kind of work done) during most of working life, even if refired) House work Own Home	Ocean, Md.	U.S.A.
John Seib	Wilhelmina Holtsohnei	
WAS DECEASED EVER IN U. S. ARMED FORCES? No No None (If yes were as dotter of service) 16 SOCIAL SECURITY NO None None	Mr. Joseph Sevinsky, 12	Hill St., (Son)
18. CAUSE OF DEATH [Enter only one couse per line for (of, (b), one (c) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which }	Vardiae A latation	INTERVAL BETWEEN ONSET AND DEATH
gove rise to immediate cause (a), stating the under-lying cause last. DUE TO	The state of the s	
200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OF	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE CONTROL OF THE PROPERTY OF THE PROP	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. THAE OF INJURY Month Day Year 20ct Injury Occurred		46

20c. TIME OF INJURY factory, street, office bldg., etc.] Hour a.m. While Not while 19 of work of work p. m

179, that I last sow the deceased 21. I certify that I oftended the deceased from, and that death accurred at/2/12/M, from the causes and on the date stated above olive on ADDRESS Kipeer city or town, slate) DATE SIGNED

ACTUAL SIGNATURE PHYSICIAN'S

22c NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, fown, or county)

REGISTRAR'S SIGNATURE

(Store)

Michaels Cemetery Frostburg FUNERAL DIRECTOR'S SIGNATURE Funeral Home

22b. DATE THEREOF

6-30-58

24a. REC'D BY REGISTRAR '58 DATE JUL

VS A15 (4) 15M 10/57



VS A15 (4)

15M 10/57

10a

13.

Hour a.m.

Byron Kight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18											
	63	161	Item CERTIFIC	CAT	E OF DEAT	Н		Reg.	Dist. No.	0638	S
COUNTY				2	USUAL RESIDENCE (W	here decease			dence before	admission)	
_ A 1	legany		MARYLAN	ED	Marylan	.d	b. COUN	Y Al	legar	лу	
CITY OR TOWN (II	f outside corporate limit	s, write	c. LENGTH OF STAY IN 1	lb	c. CITY OR TOWN (IF	outside corpi	orate limits, write	RURAL or	d give near	est Town)	
Cumberl			IO/29/49	17	Cumbe	rland	1				
OR INSTITUTION	AL (If not in hospital, g	ive street o			d STREET ADDRESS				e,	IS RESIDENCE	
Allega r	v County	Inf	rmary		Williams	Road	Rt. 2			YES NO	1
NAME OF DECEASED	Fire	ıt	Middle		Lest	4. DATE	М	ordh	Day	Year	
Type or print)	Willia	am	Franklin	. 5	hoemaker	OF DEATH	Ju	me l	[3	1,58	
EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED] B. C	DATE OF BIRTH		9. AGE (In year last birthday			F UNDER 24 HRS	
Male	White	WIDOWE	DIVORCED [Unknown A	pprox	36 yr	***************************************	s Doys	Hours Min	
USUAL OCCUPATIO	ON (Give kind of work o	lone 10b. K	CIND OF BUSINESS OR IN	(DUSTR)	11. BIRTHPLACE (Stole	ar foreign c	country)	12		WHAT COUNT	RY?
Never	Worked				W. VA. I	ost (City		U. S	. A.	
FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME					
Hezeki	Lah N. Sh	oemal	ker		Mary R	lyan					
WAS DECEASED EVER		CES? 16. S		7 INFC	P.O.	BOX I	199 A	ldeess 1771	orla	nd. Md	
NO	[1] Jan. give was as agree as a		None	ALI	EGANÝ COL	ŇŤŶ	INFIRMA		ECOR		
18. CAUSE OF DEA	TH [Enter only one co	use per line	e for (o), (b), and (c).]			n	<i>y</i> 0			VAL BETWEEN	
	TH WAS CAUSED BY IMMEDIATE CAUSE (c)		Lopes	n	we DA	18.00	22/18.2	1 . ,	2.4	TAND DEATH	,
744.7	DUE TO		26		1			7.	1		
Conditions, if or	ny, which) (b)		Chron	rece	120	1000	a Let	2 -0		and the same	
gove rise to in cause (a), stating t	mmediale (0	h.	10/		, ,	,			
tying couse lost.	(c)		Kongli	W	al mus	cul	As Kel	JEN.	X	7	
PART II OTH	IER SIGNIFICANT CON	OITIQNS CE	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION G	IVENTN P	ART 1(0) 19.		7
		Ch	ronce	1	clohre, c	FC 3				PERFORMED? YES NO [1
20g. ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY OCCU	RRED (inter nature of injury in	Port f or Par	rt (I of item 18.)				

CERTIFICATION (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c, TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or Iown) (County) factory, street, office bldg., etc.)

While Not while p, m. al work ot work and that death occurred at HE M, from the causes and on the date stated above alive on

[Slote]

ADDRESS (Street, city or town, state) ACTUAL 19 Green Street

Cumberland, ...d.

Cumberland, Maryland E. McLean James 22c. NAME OF CEMETERY OR CREMATORY 220 BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) (Stote) Allegany County Cem. 16,1958 Cumberiana, Md. June 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR

No

None

		6362 CERTIFICATE OF L	Reg. Dist. No.
Page director led will		1. PLACE OF DEATH a. COUNTY Allegany MARYLAND 2 USUAL RESIL	Maryland b. COUNTY Allegar
the funeral should be fu	(a)	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland Sept., 1951	OWN (If outside corporate limits, write RURAL and give near Cumberland
Irs after The 1	11	d NAME OF HOSP TAL (If not in haspitol, give street address) OR INSTITUTION Allogany County Infirmary	
illed is		3. NAME OF First Middle Los (Type or print) Carrie Shud	
d withir detely f rs. Pog		5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTI Female White WIDOWED DIVORCED 5/28/	9. AGE (In years IF UNDER 1 YEAR 1870 88 yrs. Manths Days
and cample bon papers. er death.		100 USUAL OCCUPATION (Give kind of work done of the during most of working life, even if refired) Retired——Seamstress Seving Cumi	ACE (State or foreign country) Derland, Maryland Ue
sicion al	J	13. FATHER'S NAME William Shuck	Mary Simpkins
ng physe remay		15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT P	.0.Box 599 Address Cumber County Infirmary Record
requires that the death certificate be an, a signed by the attending physician a sit permit. Then please remave carbo and in any event within 72 hours after		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) } PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (o), stoting the under- lying cause last. (c) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) } DUE TO Conditions, if any, which gave rise to immediate cause (o), stoting the under- lying cause last.	Lerio octerosio, phritis
ing physici ing physici te has been burial-tran remaval, a)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO LUCIE DELLE DELLE DESCRIBE HOW INJURY OCCURRED, (Enter nature of OR CONTRIBUTING CAUSE OF DEATH	teon
HTSICIAN If ar attend his certifica use as the imation, ar		(IF EITHER, NOTIFY MEDICAL EXAMINER)	tome, form, 20f. (Csty or lawn) (Caunty)
ned by the hospito RECTOR: After the be detached for prior to burial, cre	,	21. I certify that I attended the deceased fram. 9/1951 , 19 alive an 5/32/58 , 19 , and that death accurred at	, to 6/1/58 , 19 , that I last say 3:35PM, from the causes and an the date ADDRESS (Street, city or town, state) 3:Greene St. 6/2
S sylvar	-	NAME (Type)	mberland, Md.
may L O FUN Poge the re		220. BURIAL CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) June 3 1958 Rose Hill Cemetery 22. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
VS A15 (4)		Byron Kight Cumberland, Md.	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE 158

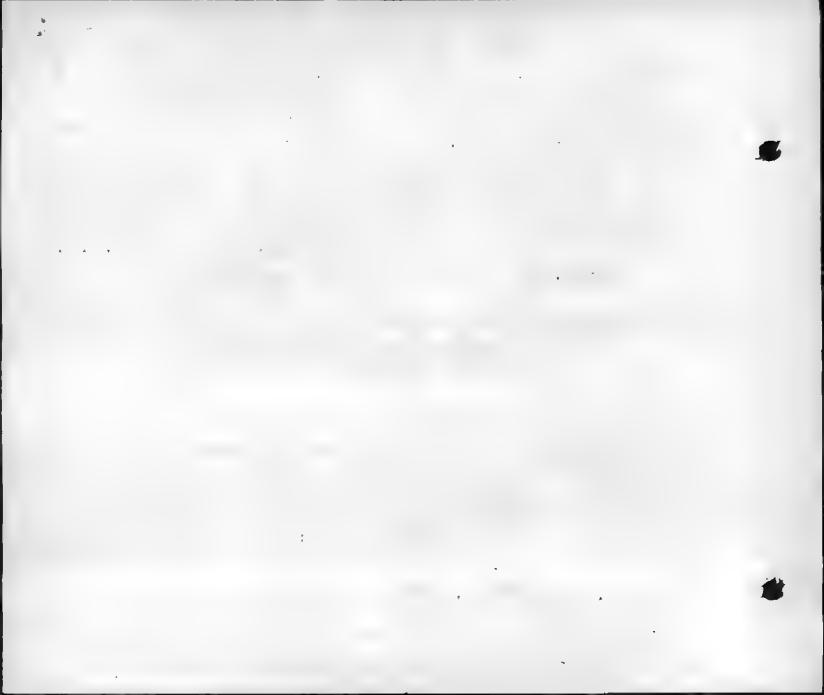
06383

Lid (State)

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF BEATH Reg. Dist. No. ion: Residence before admission) Allegany RURAL and give nearest town) ON A FAPM? Street IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. Cumberland . Md. ry Records INTERVAL BETWEEN ONSET AND DEATH VEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO TL (County) (State) ...that I last saw the deceased and an the date stated above. stole DATE SIGNED



13:)			5363	CERTIFICA	ATE OF DEATH	1	Re	g. Dist. No.	16384	
		LLEGANY			MARYLAND	2. USUAL RESIDENCE (WHO STATE MARYLAND		COUNTY	Residence before o	idmission)	
100		CITY OR TOWN (RURAL and give n CUMBERLAN		ls, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		nils, write RURA	L and give neares	t lown)	
		. NAME OF HOSPI	TAL (If not in hospitalization	" howarwick' skip" L-MEMORIAL AVE.		d. STREET ADDRESS CASH VALLEY ROAD				e. IS RESIDENCE ON A FARM? YES NO	
	3.	NAME OF DECEASED Type or print)	Fir BA		Middle BOY	Lost SMITH	4. DATE OF DEATH	Month JUNE	Doy 26	Year	
	5. 5				NEVER MARRIED		_ 9. AG	E (In years IF L	INDER 1 YEAR IF	1958 UNDER 24 HRS ours Min	
		USUAL OCCUPATION during most of wor NON	ON (Give kind of work in king life, even if retired	done 10b KIN	D OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Slote CUMBERLAN	D. MARYL		12. CITIZEN OF V		
-	13.	FATHER'S NAME	HARRY M. SM	ITH		14. MOTHER'S MAIDEN N		S			
I	1\$. {Yes		ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16. SOC		NFORMANT		Address	DED! 4410	444 5044	
			ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	ouse per lipe fo	221.0	MORIAL HOSPIT	icke	COM	ONSET	MARYLA AND DEATH	
		773.5	DUE TO	-	Semple	Till to			.5	-days	
		Conditions, if of gove rise to it couse (a), stoting lying couse lost.	mmediole (in y					
je *	CATION	gove rise to i couse (o), stating lying couse lost.	the under-)	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN I	F	PERFORMED?	
<i>!</i> *	CERTIF CATION	gove rise to it cause (o), stating lying cause lost. PAST OT CAUSE OF CAUS	the under-	DITIONS CON	36149-	NOT RELATED TO THE TERMI			F	PERFORMED?	
/* ·	M.	gove rise to it cause (o), stating lying cause lost. PAST OT CAUSE OF CAUS	The under to DUE TO	DITIONS COULD LE COUL	E HOW INJURY OCCURRE		Port I or Port II of i	lem 18.)	F	WAS AUTOPSY PERFORMED? IS NO	
,	CERTIF	gove rise to a couse (o), stoting lying couse lost. PASS. OT. 20a ACCIDENT W. OR CONTRIBUTION. (IF EITHER, NOTIFY 20c. TIME OF INJUINATION D. m. p. m. 21. 1 certify for	The under to DUE TO GO TO	DITIONS CONTROL OF 20d. INJUING While of work	E HOW INJURY OCCURRED RY OCCURRED Not while of work From 6 - 7/-	D. (Enter noture of injury in I	Port I or Port II of i	rn)	(County)	PERFORMED? S NO (Stote the decea	
	CERTIF	gove rise to it couse (o), stoting lying couse lost. PATT: OT COURT OF CONTRIBUTING (IF EITHER, NOTIFY Hour o.m., p. m.	The under to the u	DITIONS CONTROL OF 20d. INJUING While of work	E HOW INJURY OCCURRED RY OCCURRED Not while of work From 6 - 7/-	D. (Enter noture of injury in In ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	Port I or Port II of i	iem 18.) 7n) , 19.5 Eth	(County) at I last saw on the date	(Stote decea	
1	CERTIF	gove rise to it couse (o), stoting lying couse lost. PAY 1. OT 200 ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTHEY 20c. TIME OF INJUI Hour o.m. p.m. 21. I certify of olive an actual signature	the under but To	DITIONS CON 208. DESCRIB or 20d. INJUI While of work deceased	E HOW INJURY OCCURRED RY OCCURRED Not while of work From 6 - 7/-	D. (Enter noture of injury in In ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	20f (City or tow	iem 18.) 7n) , 19.5 Eth	(County) at I last saw on the date	PERFORMED?	
1	MEDICAL CERTIF	gove rise to it couse (o), stoting lying couse lost. PAY 1. OT 200 ACCIDENT W. OOR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o.m. p.m. 21. I certify of olive an actual signature	HER SIGNIFICANT CON AS UNDERLYING II O II CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Doy, Ye 19 That I attended the OR XXXXXXXXX ON, 22b. DATE THEREO 6-28-58	DITIONS CONTROL OF 200. DESCRIB or 20d. INJUI While of work Control of 20d. INJUI While of work Control of 20d. INJUI While of work Control of 20d. INJUI O	E HOW INJURY OCCURRED RY OCCURRED Not while of work and that death	D. (Enter notice of injury in Index of INJURY (Home, farm ctory, street, office bldg., etc.) 1957, ta 6 1 accurred at 9:35F	20f (City or tow	iem 18.) 19.58 th causes and the orthogon, stole Pacell	(County) that I last saw on the date	(Stote	



06385

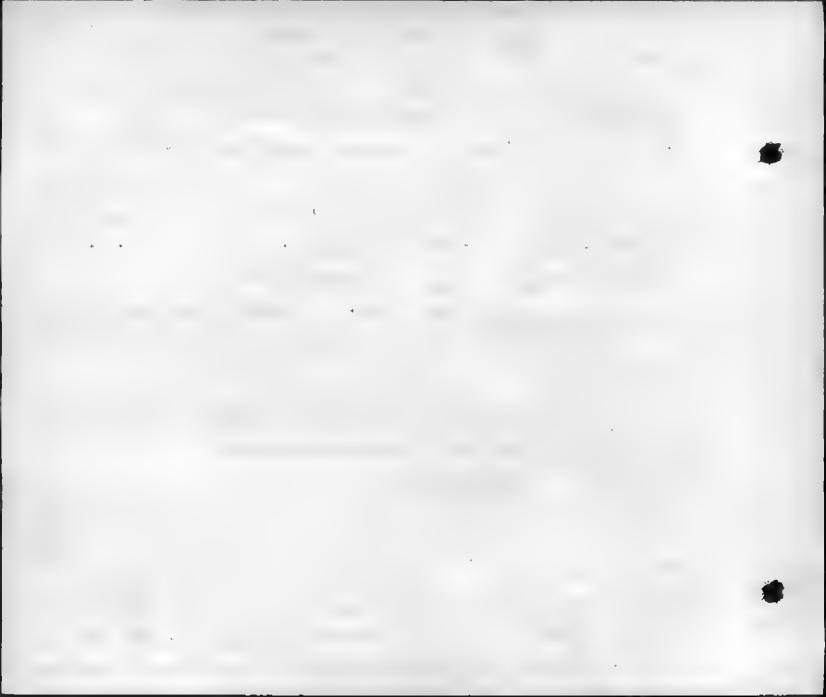
364	CERTIFICATE	OF DEAT
2 2 2 3 CF	U	

	กูปเ	94	CLICITICA	AIL OI	DEAII			Reg. Dist. No.	
PLACE OF DEATH						ere deceased l	ived If institution	Residence befor	e admission)
a. COUNTY	Allegany		MARYLAND	a. STATE	Maryl	land	b. COUNTY	Alleg	anv
b CITY OR TOWN () RURAL and give no	f outside corporate limits, writ	e c. LENGT	H OF STAY IN 16	c. CITY (OR TOWN (If or	utside corporal	te limits, write RU		
Cumber	land	5.	5 years	Cu	mberla	and			
	AL (If not in hospital, give str			d. STREE	T ADDRESS				ON A FARM
	lumbia Stree	at		20	6 Colu		Street		YES NO
3. NAME OF DECEASED	First		Middle		Losi	4. DATE OF	Month	De	y Yeor
(Type ar print)	Nola	Glen		ith		DEATH	June	4	19 5
5. SEX	6. COLOR OR RACE 7. M	ARRIED NE		B. DATE OF B				FUNDER I YEAR	Hours Mir
Female	1120-5 90	OWED 🔀	DIVORCED [5,1864		93 yrs.		
0a USUAL OCCUPATION during most of work	ON (Give kind of work done 1 king life, even if retired)	0b. KIND OF B	IUSINESS OR INDU	ISTRY 11. BIRT	HPLACE (State of	or foreign cour	ntry)	12 CITIZEN O	F WHAT COUN
Housekee			home	4400	enna.			U. S	
3. FATHER'S NAME	*			14. MOTHE	R'S MAIDEN N	IAME			
George 8				Reb	ecca k	lower			
5. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIAL SE	CURITY NO. 17.	INFORMANT			Addre	ir.	
No	In led fine on a great a serior	No	ne I	Mrs. F	alph E	Ehrbar	Cumbe	rland.	Md
	TH Enter only one couse pe						4	n INTE	RVAL BETWEEN
	TH WAS CAUSED BY.	1510	DA	Parent	1700	alist.	e interne	ONS	ET AND DEAT
422.1	IMMEDIATE CAUSE (a) DUE TO		المرام المحاسمة	را د رحت	C Darie	new cy			
Conditions, if a	ny, which)								
gove rise to it	mmediate (OUT 70								
cotse (a), stating lying cause lost.	The Under								
	(c) HER SIGNIFICANT CONDITION	NS CONTRIBUT	ING TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE C	ONDITION GIVE	N IN PART I(o)	P. WAS AUTOP
ŧ	Mudia		100	01	an	£		, ,	PERFORMED?
200. ACCIDENT WA	S UNDERLYING TI 206.	DESCRIBE HOW	INJURY OCCURRE	D. (Enter notus	e of injury in P	art I or Parl II	of item 18.1		IES NO
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)						,		
20c. TIME OF INJUR Hour a. m.		f. INJURY OCC		ACE OF INJUI	RY IHome, form,	20f. (City or	r lown)	(County)	(Ste
Hour a.m.		tile Not v work ☐ at wa	VIIII	iciory, street, o	ffice bldg., etc.	1			
			2-	10/-10	12. 1	- 4	Z-10 30	that I had	at 1
1 /	at I attended the dece		b	, IY,	2/2	2		that I last sa	
alive on	27-0-1	20 pl	and that death	n occurred		M, fram	the causes an	d on the dat	e stated ab
ACTUAL	11/2 4-7	クリン		, _ ,	A	AUDICESS (Sire	et, city or town, st	TAID	DATE SIG
SIGNATURE	111101	Illa	TILLE	M.D	Min	000	eren	JUNES	67 4
NAME (Type)									
20. BURIAL, CREMATIO		22c. NAA	ME OF CEMETERY C	R CREMATOR	,	22d LOCATIO	N (City, town, or	county)	(Stote)
REMOVAL (Specify) Burial		Ros		Cemet		Cumbe	_	Marvla	
3. FUNERAL DIRECTOR		ADD		Of SHIPS IN	24a, REC'0	BY REGISTRA		RAR'S SIGNATUR	
Ruth E.	Silcox	Sumbor	land W		f:	UN 6 'E	18 (866	A educh	
Tion Old Page	STICOX (Jumber	land, M.	arylar	IG DATE				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 by the funeral director, 2 shauld be filed with may be retained by the haspital or attending physician.

TO FUNER TORECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 standard be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

M



M

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

365 CERTIFICATE OF DEATH

06386

0.9	03 CERTITION	AIL OI BLAIII	Reg. Dist	t. No.
1. PLACE OF DEATH O COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where do . STATE MARYLAND	eceased lived If institution Residence b. COUNTY ALLE	e before adm ssipn) GANY
b CITY OR TOWN (If outside corporate limits, v RURAL and give nearest fown) CUMBERLAND	rile c LENGTH OF STAY IN Th	c. CITY OR TOWN (If outside	corporate limits, write RURAL and gi	ve negrest town)
d. NAME OF HOSPITAL (If not in hospital, give of INSEMORIAL HOSPITAL	street oddress)	d STREET ADDRESS POTOMA	C PARK	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) BABY	BOY STEIN		DEATH JUNE	27 19 58
MALE WHITE WI	DOWED DIVORCED	JUNE 8,1958	lost birthday) Months (YEAR IF UNDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE	106 KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Store or for CUMBERLAND		S.A.
GEORGE W. STEIN		14. MOTHER'S MAIDEN NAME HANNAH E.	GOLLADAY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES [Yes. no. or unknown] [If yes, give wor or dates of service	4	NFORMANT MORIAL HOSPITAL	- CUMBERLAND, MA	RYLAND
3 40.3 DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under: Lying couse lost. (c)	- meany	19/2	WFjurm	19 004
PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRE			1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year Hour o. m.	20d. INJURY OCCURRED 20e. PL			ounty) (State
21. I certify that I attended the de alive on ACTUAL SIGNATURE			from the causes and an the ESS (Street, city or town state)	ast saw the decease date stated above DATE SIGN
PHYSICIAN'S DR. O. HIMMEL 20 BURIAL, CREMATION, PEROVAL (Specify) 22b DATE THEREOF	WRIGHT	R CREMATORY Park 22d	LOCATION (City, fown, or county)	(Store)
13. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	A D 240. REC'D BY	REGISTRAR 246 REGISTRAR'S SIGN	_



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VS A15ME

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4) Y

MARYLAND STATE DEPARTMENT OF HEALTH-RALTIMORE 18 6

				27.01111101101	0000
201	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	0638
コンエ					Rea. Dist. No.

1.		PLACE OF DEATH	llegany	MARYLAND		eryland	b COUNTY	n. Residence before odm	
1	-		sub-de corporate limits, write RUFAL				110	Allegar	- U
)	"	and give negres) fown	and de corborate many with KORXI		A -		otore limits, write KU	JRAL and give nearest to	wn)
			tburg	life		rostburg			
	c	I, NAME OF HOSPIT	AL OR INSTITUTION (If not i	n hospital, give street address)	d. STREET AL	ODRESS		ON	A FARMS
		NAME OF DECEASED (Type or print)	THOMAS	ALBERT	STO	TT 4. DATE OF DEATH	Month		958
	5. S	EX	6. COLOR OR RACE 7 M	ARRIED NEVER MARRIED 8.	DATE OF BIRTH		9. AGE He years IF	UNDER TYEAR IF UND	ER 24 HPS
		male	white wm	OWED DIVORCED	9-29-1	889	68 yrs.	tontha Days Hours	Мe
	L d	luring most of workin	ON (Give kind of work done) g life, even if refired) intenance —	West. Md. R. F		CE (Stote or foreign co arvland	untry)	U.S.A.	COUNTRY?
,	13.	FATHER'S NAME	man		14. MOTHER'S A				
h ,		John St	ott		La	ura Davis	3		
		WAS DECEASED EV	ER IN U. S ARMED FORCES?	16 SOCIAL SECURITY NO 17. IN	PORMANT		Address	Crabbban a Lamps	
	1	No	in to a second of a second of a second	220-03-7413 N	Irs. Ne	llie P. S	Stott. Fr	rostburg,	Md.
		18. CAUSE OF DEA	TH [Enter only one couse per				_ <i>E</i> _	INTERVAL BETWEE	
		PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	asphy xiai	tion				N. 11
		974X	ĐUE TO	11/					
		Conditions, if a	ny, which) (b)	Hanaina					
		gove rise to immed (o), stoting the	fiole couse						
		couse lost.	(c)		-				_
0	CATION	PART II, OTH	ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO T	HE TERMINAL DISEASE	CONDITION GIVEN		AUTOPSY RMED?
	CERTIFI	20g. EXTERNAL CAL PRIMARY ☐ or COI CAUSE OF DEATH.	ISE WAS NTRIBUTING []	CRIBE HOW INJURY OCCURRED (E	nter noture of inju	ry in Port I or Fart II e	of them 18.)		
	MEDICAL	20c. TIME OF INJUS Hour a.m. p. m.		20d INJURY OCCURRED 20e PLAC While Not while focto of work of work	E OF INJURY (He	ome, form. 20f. (City sldg., etc.)	Transfer	(County)	(State)
		21. I certify th	of I took charge of t	he remains described obas	ve, held on v		spection [],	Inquiry [], on	d in my
			resulted from: Notus	. —		Homicide		nined manner	
,		ACTUAL SIGNATURE	Benedie	1 Skitarelie		DICAL EXAMINER	_ 0	DATE S	SIGNED
d		EXAMINER'S NAME (Type)	Benedict Ski	tarelic		T MEDICAL EXAMINER	Jun	u 24	
	220	BURIAL CREMATIO REMOVAL (Specify) Burial	N, 226. DATE THEREOF	F by. Memor			on (cly, lown, or e		•)
	23.	FUNERAL DIRECTOR		ADDRESS		40. REC'D BY REGISTR		AR'S SIGNATUJE	
		J. R. I	Durst, Frost	burg, Md.		DATE JUN 2 6 19	58 aug	eauch	



1				MARYLA	AND STAT	E DEPARTM	ENT OF HEA	ALTH-BALTIN	AORE, 18	
• :e/				6	366	CERTIFICA	ATE OF DE	ATH	Reg.	06388
l director	M	1	COUNTY Allega	ny		MARYLAND	2. USUAL RESIDEN	CE (Where deceased live nd	b. COUNTY	ence before admission)
be be			b. CITY OR TOWN (IF RURAL and give ned Cumber	autside corporate limits.		TH OF STAY IN 16		'N (If outside corporate l		
ofter de the fun should		\vdash			Lif	etime	Cumber 1		<i>J</i>	e. IS RESIDENCE
io sun	00		38 Elder	St.			38 Elde		/	ON A FARM?
filled i					Virgini			4. DATE OF DEATH 6	- 6 - 58	B Doy Year
with?		5.	SEX	6 COLOR OR RACE 7					GE (In years IF UND) st bythday) Manths	ER 1 YEAR IF UNDER 24 HRS
nple pers.		100	TO USUAL OCCUPATION	N (Give kind of work dor	VIDOWED	DIVORCED D	April	-,		
executed cortain page			during most of worki	ng life, even if retired)	Ownho			land, Md.		ITIZEN OF WHAT COUNTRY
e 55 5	_		FATHER'S NAME		OWITHO	me	14 MOTHER'S MA			JON
safe to	1)		Robert	F. Twigg			Chris	tina Mil	ler	
physic remave 2 Mours	*	1\$. 1 ⁷ 0	WAS DECEASED EVER	IN U. S. ARMED FORCE	ce) i		NFORMANT		Address	
ending lease re ithin 72,			No				harles T	wigg Cumb	erland, M	Md. 38 Elde
deal Henc pleo vithi			18. CAUSE OF DEAT	H [Enler only one couse		*				INTERVAL BETWEEN
the a			1517	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carci	nama of	the Stom	ach		18 mo
that d by the nit. T			Conditions, if an		Arter	tosclero	tic Hear	t Disease		20 yr.
signed t peru		L	gave rise to im couse (a), stating It lying couse last.	he under: DUE TO	Ganan	olizad o	mtoniono	1		
icial een ronsi		Z		(c) _ ER SIGNIFICANT CONDIT			rteriosc NOT RELATED TO THE		NDITION GIVEN IN PA	ART 1(a) 19 WAS AUTOPSY
Physics bridges bridge bridges		CATION		Advanced a						PERFORMED?
ending ficate h the bur		CERTIF	20a ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING [] 20 I CAUSE OF DEATH MEDICAL EXAMINER]	b DESCRIBE HOV	none	O. (Enter nature of inju	ury in Part I ar Part II of	item 18.)	
r att certi e as		MEDICAL	20c TIME OF INJURY Haur a. m.	Manth, Day, Year	20d. INJURY OC	CURRED 20e PL	ACE OF INJURY (Home tary, street, affice bld	e, farm, 20f. (City or to	Iwn)	(County) (State)
tal a this this or us		ME	p. m.		al work at w	ark 📗				
ol NG of fer of, c			21. I certify the	it I attended the de	eceased fram	July 14,	1956 to	June 6,	1958 that	last saw the decease
END the P		1	alive an June	3 6,	1958	and that death	accurred at 5:	30P M, from the	causes and an	the date stated above
d by tecto			ACTUAL SIGNATURE	ned . /	Vaccin	an Mh	140 Be	ADDRESS (Street, of dford Str		DATE SIGNES 6-8-58
ra pr	1		(/ /	nes P. Hal	linan '	I40 Bedf	ord St. (Cumberland	l.Md.	***********
HOSPITA oy be re FUNER oge 3 s		220	BURIAL CREMATION	, 22b. DATE THEREOF		ME OF CEMETERY O			(City town, or county)	(State)
			Burial	6-10-58		e Hill C			land, Md.	
F F			FUNERAL DIRECTOR'S		ADD		240	. REC'D BY REGISTRAR	24b. REGISTRAR'S 5	IGNATURE
VS A15 (4) 15M 10/57		J		Carpelli	A1	Land, Md.	DA	TE JUN 1 0 '58	alle	uch
		77	Emes 7	16-11-6011	/ 1					



FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	eg. Dist. No. 06389
FOR STAJE"	ig. Dist. No. UU 🕽 🔿 🕽
MEASTE DEBT	
0. COUNTY And	
0000	Allegany
c. LENGTH OF STAY IN 16 Cumberland. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL Rt. # 1 Cumberland.	rt bad å ve nebrest town)
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS	Te IS RES CONEF
D. O. A. Sacred Heart Hosp. Box 732 Mt. Savage Rd.	YES NO
3. NAME OF First Middle Lost 4. DATE Month OF	Day Year
(Type or print) LAURA BELL THIGG DEATH June	2. 19 58
bott by the down	NDER TYEAR IF UNDER 24 HRS
The widowed Divorced July 26, 1874 83 yr.	iths Days Hours Min.
during most of working life, even if refired)	CITIZEN OF WHAT COUNTRY
Housewife Own home Spring Gap, Maryland	U. S. A.
13. FATHER'S NAME	
Amos Davis Sarah Little	w-mar
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address	
	732 Cumb. Hd.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN
MMEDIATE CAUSE (6) Acute Cardiac Failure	2 hrs.
DUE TO	
Conditions. if ony, which gove rise to immediate cause	
(o), stoling the underlying DUE TO	
Course lost. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	to the second se
THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE SERVINAL DISEASE CONDITION GIVEN IN	PERFORMED?
E CO EVYENNAL CALLER WAS TO DESCRIPT OF THE POPULATION OF THE POPU	YES NO R
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO 201 Enter noture of injury in Part I or Part II of Item 18)	
	(County) (Santa)
Hour o, m, While Not while factory, street, office bldg, etc.)	(Caunty) (State)
D.E. £ 6.5	
21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inc	1 ()
op nion death resulted from: Notice [], Accident [], Suicide [], Homicide [], Undefermine	ed manner [
ACTUAL SIGNATURE BENEFIC AD CHIEF MEDICAL EXAMINER []	DATE SIGNED
ASSISTANT MEDICAL SYMMINES	
EXAMINER'S	1000
220. BURIAL, CREMATION, 1226 DATE THEREOF 1226, NAME OF CEMETERY OR CREMATORY 122d, LOCATION (CHY, JOHN OF COURT	nty) (Store)
Burial 6/4/58 Mt. Pleasant Com. Near Cumberland.	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 24b. BEGISTRAR'S	S SIGNATURE
V3. A15ME - Charles L. George Cumberland, Md.	-1



OR STAIL FAITH DEP

Poge necessory, please ealth. director. 1-X ö

0 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o COUNTY **b** COUNTY ALLEGANY O. STATE MARYLAND ALLEGANY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corparate limits, wr'te RURAL and give nearest town) b. CITY OR TOWN I'll outside corporate heads write RURAL LITTLE ORLEANS LITTLE ORLEANS LIFETIME d. NAME OF HOSPITAL OR INSTITUTION, (If not in hospital, give street address) d STREET ADDRESS W IS RES DENT F ON A FARAL YES NO. LITTLE ORLEANS 3. NAME OF 4. DATE Year Middle 2002 Month DECEASED DEATH JUNE 28 58 RANDOLPH TWIGG 19 (Type or print) ROBERT 9. AGE (In years 7. MARRIED KI NEVER MARRIED | B DATE OF BIRTH IF UNDER TYEAR IF LINDER 24 HRS 5. SEX 6. COLOR OR RACE Months 21, 1913 MALE WHITE WIDOWED | MAY DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even il retired) USA U.S. P.O. CUMBERLAND, MD. POSTMASTER 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MYRTLE RICE WARREN L. TWIGG 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address LITTLE ORLEANS. MD. MRS. LENA T. TWIGG. WW 11 217-18-4669 YES 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Hado. **DUE TO** war Conditions if any, which gave rise to immediate couse DUE TO (a), stoting the underlying COURS JOSI. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO K 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. [City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not while of work of work D. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Suicide . Hamicide . Undetermined manner opinion death resulted fram: Natural causes X. Accident ..., DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER IT EXAMINER'S SKITARELIC DEPUTY MEDICAL EXAMINER A NAME (Type) 220 BURIAL CREMATION, 226 DATE THEREOF 22d LOCATION (City, town, of county) 22c NAME OF CEMETERY OR CREMATORY (State) 1958 HILLCREST BURIAL PARK CUMBERLAND. JULY 2. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE JOHN J. HAFER, CUMBERLAND, MARYLAND



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VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. NO 6391

	030	8		-	Keg. Dist. Nej	1000
1. PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (WI	ere deceased lived. If institution and b COUNTY	Residence befor	
RURAL and giv	N (If outside corporate limits, write e nearest town) oerland	6/16/58		outside corporate limits, write RUI orland	AL and give nea	rest lown)
d. NAME OF HO OR INSTITUTE	SPITAL (If not in hospital, give street Allegany Cot	•	d STREET ADDRESS	faryland Aven		OH A FARMA
3. NAME OF DECEASED (Type or print)	Emory	Lloyd.	White	4. DATE Month OF DEATH JUDG	21	Year 19 58
5. SEX Male	Table 4 de a 1	RRIED NEVER MARRIED DIVORCED DIVORCED	9/30/1877	lost hirthdow	FUNDER 1 YEAR Months Doys	Hours Min
Retired-	ATION (Give kind of work done 10 working life, even if refired)Crystal Laur		Virgini	la	U. S	• A •
13. FATHER'S NAME	Algernom M.	White	Sarah E	Carpenter		
1S. WAS DECEASED (Yes no or unknown) NO	EVER IN U. S. ARMED FORCES? It (If yes, gave wor or dates of service)		1.00	Box 599 Address onty Infirmar		rland, Md rds
	DEATH [Enler only one couse per DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	ling for (a). (b). and (c).	zyesar f	al Legener		RVAL BETWEEN ET AND DEATH
	DUE TO if any, which) (b)	lien tra	et wite	1000 allros	1632	7
couse (a), state lying couse to	ing the <u>under-</u> DUE TO	Chroni	c hips	Ciction.		?
CATE	OTHER SIGNIFICANT CONDITION	e Nete	restra	fren	4 IN PART !(o) !!	PERFORMED?
. [WAS UNDERLYING 20b. DI ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of Item 18.}		
20c TIME OF IN Hour a. p.	m. whi		ACE OF INJURY (Home, form clary, street, office bidg., etc.	20f. (Cily or town)	(County)	(Stale)
21. I certify olive on	that I attended the deceded 6/20/58 19	osed fram 6/16/58	occurred at 7:05/	5/21/58 19, M, from the causes an ADDRESS (Street, city or town, st	d on the do	w the deceased te stoted above.
ACTUAL SIGNATURE	Jaceces.	3.72 Fea	4	one St.	6/	21/58
PHYSICIAN'S NAME (Type)		. McLean	Cumber	Land, Md.	was need need about need after their other titles titles titles.	77 dll 64 dll de etc
Bufffal (Spec	10		t Cem.	Cumberland	* *	(State)
29. FUNERAL DIRECT		ADDRESS Cumberland		D BY REGISTRAR 246 REGIST	RAR'S SIGNATUR	RE



FOR STATE HEALTH DEPT.

TO EFUTY MIDICAL EXAMINER: This certifiers should be executed within III Bours after Reath. If any delay is necessary, please execute "the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should flarwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERIX DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the SIC Soard of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 22-begars after death.

VS A15ME 5M 2 57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06392

- 5369	Reg. Dist No.
1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
110 gany MARYLAND	a state Tenna b. COUNTY
b. CITY OR TOWN (If suffide corporate limits, were ILJRAL ond give recreat form)	c CITY OR TOWN (If outside corporate l'mits, write RURAL and give nearest lown)
Cumberland 46hrs.	Nowport //
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitat, give street address)	d STREET ADDRESS e IS RESIDENCE ON A FARM?
Memorial Hospital	Second & C. Sts. YES NO
3. NAME OF DECEASED (Type or print) Douglas Lowell	Wilds CEATH June 16 1958
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8	DATE OF BIRTH 9 AGE (In your let help) 15 UNDER LYEAR IF UNDER 24 HAS
Male White WIDOWED DIVORCED	May 1936 22 yrs Months Days Hours Min.
100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRI during most of working life, even if retired)	11 BIRTHPLACE (Store or foreign country) 12 CITIZEN OF WHAT COUNTRY
Pvt. U.S. Marines Armed Forces	Newport, Tenn. U.S.
13. FATHER'S NAME	14. MOTHER S MAIDEN NAME
Jake M. Wilds	Oran McClure
(Yes, ne, or unknown) (If yes, give war or dates of service)	IFORMANT Address
	Mrs. Elizabeth Wilds Newport, Tenn.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] FART I, DEATH WAS CAUSED BY:	UNITIVAL BETWEEN UNSET AND REA 4
IMMEDIATE CAUSE (o) Maceration of	brain 548 lins.
OUE TO	
Conditions, if eny, which) by Skull Fractur	0
gove rise to immediate cause (e), stating the underlying DUE TO	
couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY 49 or CONTRIBUTING D CAUSE OF DEATH. A 11 th omnobile A C.C.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
200. EXTERNAL CAUSE WAS PRIMARY 43 or CONTRIBUTING	Mer nature of 'njury in Port I or Parl II of item 18)
CAUSE OF DEATH. Automobile Acc	
3 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20+ PLAC	E OF INJURY (Home, form, 120f (City or town) (County) (State)
181 m A''' Madeir, 11111 E 171 M C 1 M M 100 M M Sec. 1	treet Near Romeney, Harre W. Va.
21. I certify that I took charge of the remains described above	
opin on death resulted from: Natural causes . Accident K	
1 1 1 1 1 1 1 1	
SIGNATURE DENECLICA SKETATELLE	M D CHIEF MEDICAL EXAMINER [] DATE SIGNED
EXAMINER'S Benedict Skitarelic, M.D.	assistant medical examiner June 16, 1958
220. BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR (CREMATORY 22d LOCATION (City, town, or county) (State)
Removal 6/17/1958 Union Comete	Newpost Tenn.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Charles L. George Cumberland, Md.	DATER AN 1 9 '58 Will produce



24

the death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



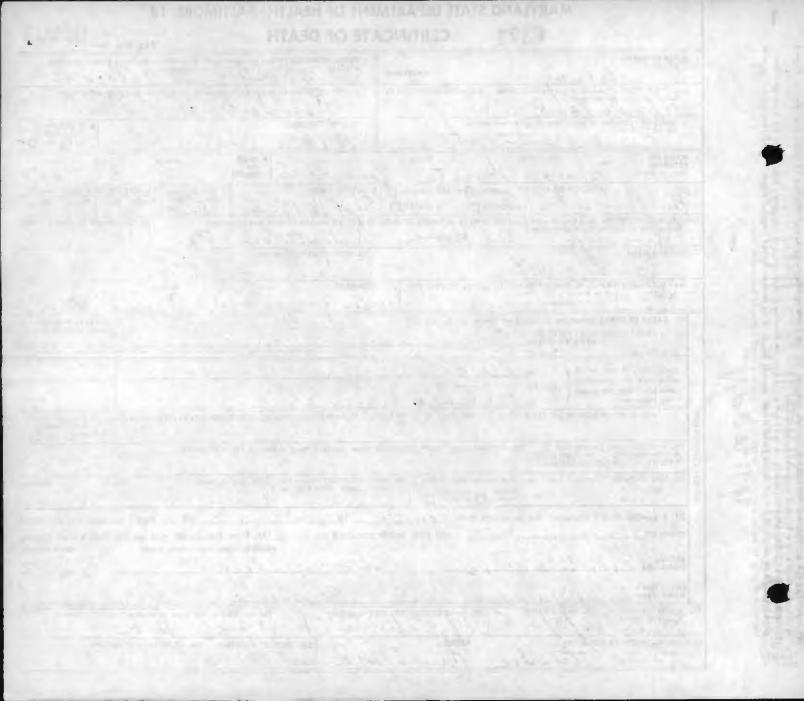
VS A1S (4) 15M 9/SS 00

ARYLAND	STATE DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

6371 CERTIFICATE OF DEATH

Reg. Dist. No. 06394

1. PLACE OF DEATH O. COUNTY (LELE any MARYLAND)	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE b. COUNTY b. COUNTY
b. CITY OR TOWN (If existe corporate limits, write RUPAL and give project town)	c. CITY OR TOWN (If posside corporate limits, write RURAL and gird nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 110 110 110 110 110 110 110 110 110 11	d. STREET ADDRESS 1 10 M, Centre St ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) Mary Waneta 7	any block of DEATH line 3 1958
5. SEX 6. COLOR OF RACE 7. MARRIED DEVER MARRIED DIVORCED	B. DATE OF BIRTH S. 1905 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU: during most of working life, even if refired)	STRY 11. BIRTHPLACE (Stote or foreign country) . 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S MAME	anna Fletcher
15. WAS DICEASED EVER IN U. CHEMED FORCES? (16. SOCIAL SECURITY NO. 17. 1	clan Young blood Oumbe M&
18. CAUSE OF DEATH {Enter only one couse per line for (o), (b), and (c),} PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Three bosin interval Between ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) The Conditions of the underlying cause last.	eles consis
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Part t ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) lary, street, office bldg., etc.)
21. I certify that I attended the deceased from 30 and that death	accurred at D. M., from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED
	40. 49 GILERUST 6/4/58
PHYSICIAN'S NAME (Typo) L. B. Mailherns, M.D.	Celesterfacile Till
220. BURTAL, CREMATION, 226. DATE THEREOF 8 22c. NAME OF PETIETERY OF STUDIOS	the Ch. Cumb. M. Q.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lein Luc. Cumb.	M. DATE JUN 9 '58 Cheduch



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CERTIFICATION

-	IE.	A	LI	H
pladse	Poge	files.	Leelth.	-
O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please 🦏	execute 12 certificate, writing the word "pending" in pencit in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page in	for your	D FUNER. DIRECTOR: Page 3 should be used as a buriot-transit permit. File pages 1 and 2 with the St. Board of Hoselth.	-
n si yola	unerol	10/0	Shill	eoth.
f any de	to the	y be re	th the S	ofter d
eath. Il	and 3	3e 5 ma	nd 2 wi	2 hours
ofter d	es 1, 2,	A3. Poc	pes 1 or	within 7
4 hours	ive Pag	form PA	File pag	event
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L EXA	ate, wri	ded to	POR: Po	genf, p
REDICA	certifica	forwar	DIRECT	nated a
W YID	ile y	ould	VER	or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.
D DE	exect	4 she	D FUE	or if

VS A15ME

\$M 2/57

							OF HEAL		DEATH		.06395
1. 1	PLACE OF DEATH					2. US	UAL RESIDENCE	(Where decease	sed lived. If Institu		
1	. COUNTY	llegany			MARYLAN	0.	STATE MATY	land	b. COUNT	Alleg	ลกซ
b	. CITY OR TOWN HE	autside corporate fimili, write	PURAL	c. LENGTH	OF STAY IN TH	с.			parate limits, write		
	Cumber1			1 vr	-4 mo.	02	Cumber	fand			
0		L OR INSTITUTION (f not in hosp				STREET ADDRESS			-	e. IS RESIDENCE
	Momorto	1 Woontte	. 7			1 3	09 Was	hingt	on Stre	et.	YES NO
3, 1	NAME OF	l Hospita		A	Viddle		Lost	4. DATE	Mani		Year
	Type or print	Minnie		רים	inchat	h n	Zahnan	OF DEATH	-		
5, 5			7. MARRIE	Annual Control of the last	izabet MARRIED □		Zehner DE RIRTH		9. AGE (In years	IFUNDER TYEAR	DUU
-		Whi te	WIDOWED	V	VORCED			1004	last birthday)	Months Days	Haurs Min.
	emale	N (Give kind of work					ch 14,		74 yrs.	12 CITIZEN C	F WHAT COUNTRY?
d	furing most of working	g life, even if retired)							wominy)		
10	Housekee	per		At ho	ne .	the same of the same of	nnsylv	11786		U.	S.
P.S.	_	1				14. 88	OTHER'S MAIDEN	INAME			
26	Emanuel	B. Erdme					ry Dim	mick			
Lair Lair		(If yes, give war or dates of		SOCIAL SECU	MIT NO. 117.	INFORMA	ANI		Address		
	No			None		rs.	John L	Samme	el Cum	berland	Maryland
	PART I. DEAT	inderlying DUE TO	Cer	rebral	L Hemo		ge Vascul	ar Dis	sease	GNS	ty and brain L. days
CERTIFICATION		ER SIGNIFICANT CON	DITIONS CO	NTRIBUTING	TO DEATH BU	T NOT REL	ATED TO THE TER	MINAL DISEAS	E CONDITION GIV	VEN IN PART I(a)	PERFORMED?
	20a. EXTERNAL CAU PRIMARY ar CON CAUSE OF DEATH.	SE WAS	b. DESCRIBE	HOW INJUR	Y OCCURRED.	(Enter not	ure of injury in P	ort I or Port II	of item 18.)		
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yee	20d. II While of war		hile fo	LACE OF I	NJURY (Home, fa et, affice bldg., e	irm, 20f. (City	y or lawn)	(County)	(Stole)
	21. I certify th	ot I took charge	of the r	emoins de	scribed of	oove, he	d on Autor	osy K., I.	nspection [2]	Inquiry K	, and in my
	ACTUAL SIGNATURE	resulted from:	0.	tarel	Accident	M.D.	Suicide ,	EXAMINER [ermined mann	DATE SIGNED
	EXAMINER'S NAME (Type) B	enedict S	kita:	relic	, M.D.		DEPUTY MEDICA	L EXAMINER	2		
	BURIAL CREMATION REMOVAL (Specify) Burial	6/16/58		New	ROS em o		emeter	y B1	TION (City, town,	Pe	(Slole) nna
23.	FUNERAL DIRECTOR'S	2 SIGNATURE		ADDRES	3		24a. RE	C'D BY REGIST	RAR 246, REGI	STRAR'S SIGNATU	7.5

BUTIAL 6/16/58
23. FUNERAL DIRECTOR'S SIGNATURE Ruth E. Silcox Cumberland Maryland

DATE JUN 1 6 '58

Corp. Con. ones the training the AV STOLKE STATE admost a tipe to the total Mar elatina Paris 141 Har Land district of shorter one controlled for at 1 may 1.25 pro-The second of the second of th STATE OF THE PARTY AND THE PARTY OF THE PARTY OF THE PARTY. made to larger court casts would be ment